

Oral Hygiene

VOL. 35, NO. 8

AUGUST 1945

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Picture of the Month



DOCTOR E. E. MONSON, for many years a Salt Lake City dentist, inspects the gardens of the Utah Capitol grounds which, as Secretary of State, he superintends. The story of Doctor Monson's career in public office appears on page 1365.—*Photograph submitted by Mabel Harmer, Salt Lake City.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

A DENTAL OFFICER TRAINS FOR THE FLEET MARINE FORCES

By **LIEUTENANT DAVID THOMPSON (DC) USNR**



**Navy dentist describes his training for duty
with the Marines in Pacific invasions.**

I REPORTED to the Medical Field Service School at Camp Lejeune, North Carolina, to receive instructions for duty with the Fleet Marine Forces. From the beginning it was as Lieutenant William Os-
manski (DC), the famous All-American football player, stated in a press interview, "one of the most rugged training courses I ever had to go through." The school was

under the supervision of medical officers from the First Marine Division who had seen action at Guadalcanal.

The class was composed of physicians and dentists from the rank of lieutenant to full commander. We lived in one large barracks room. Reveille was at 5:30 a. m. and we were outside by 5:45 a. m. for setting-up exercises.

From 8:00 a. m. to noon, from 1:00 p. m. to 4:00, and from 6:00 p. m. to 8:00, we had lectures which included the following subjects: common tropical diseases, first aid, map reading, chemical warfare, field sanitation, malaria therapy, poisoned foods and native psychology. At 4:00 p. m. every day we marched to a gymnasium for exercises and for Judo instructions.

The last three weeks of the six weeks' course were spent out-of-doors. We took long night and day marches. Each officer was given a definite course on a map and he was to take a company of corpsmen in full equipment, by compass, to his destination and back again without getting lost. We were allowed one canteen of water for the march and were introduced to K rations for our meals. Several times during our marches we were surprised by gas attacks and it was too bad for the man who had slept through the lectures on chemical warfare. Many hours were spent climbing up and down cargo nets; first without equipment and later in full equipment. Gradually we felt ourselves getting into shape. Our breathing was better and every man had that tough, outdoor, rugged, sunburned look.

Near the end of the course we had a three-day bivouac. We all marched with our companies of corpsmen to a definite area where we set up our pup tents (two men to a tent), dug our foxholes and

slit trenches, and ate chow in our mess gear. The next morning we had an early chow, filled our canteens, and in full equipment started our march toward the beach. There we boarded Higgins boats and shoved off toward our rendezvous. We made beach landings in waves with planes strafing us (with blanks, of course) and the engineers doing a good job of blowing up the ground around us. Soon we were busy at our stations. Those men who were to act as casualties were being transferred from the front battle stations to the rear. We bandaged them according to their wounds and tagged them to let the next man know what had been done.

It was a tired group of medical officers that fell into their pup tents that night. Even the ground felt good. Our rest was short-lived, though, for at 11:00 p. m. we were aroused by condition red signals. We rushed from our tents and dove headlong into our cold, wet foxholes. The engineers were giving us a simulated air attack and I can assure you it was perfect. The ground shook and we could not help but hold our ears. They kept us in our foxholes for one hour but it seemed like a whole night. All too soon morning came and we started on our evacuation problem, using hospital jeeps. It was on a large scale and we used "walkie-talkies" for communication, and many other essentials of the field. We were a group of dirty, tired, men who returned to



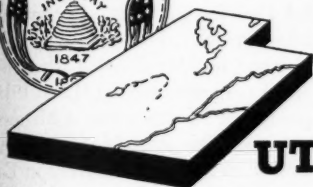
the barracks that night, but we felt like veterans. We understood why we were given this course. We were not through yet, as we still had to spend time on the rifle range.

From this school we were attached to replacement battalions. We lived in a special section of Camp Lejeune called "Tent City" because we lived in tents according to conditions found in the field. Until the day came for us to move, we spent our time complet-

Bandaged for head wounds sustained in the fighting on Okinawa, a Marine and a Navy hospital corpsman trudge along a beaten path toward the rear lines where they will receive further medical attention.—Photograph by Pfc. Jack Pyle, Official U. S. Marine Corps Photograph.

ing the dental service on the officers and men in our outfits. I am somewhere in the Central Pacific and I know now that time spent at the Medical Field Service School was not wasted.

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Lifelong interest in political economy leads a dentist to high office in his native state.

UTAH'S SECRETARY OF STATE IS A DENTIST

By MABEL HARMER

WHEN THE State of Utah became intent on revising its tax system in 1928, Doctor E. E. Monson, who for eighteen years had been a successful practicing dentist in Salt Lake City, found his interest returning to the questions of tariff and taxation about which he had argued intensely as a school boy. One night he had occasion to argue the subject at some length with a group of university professors. From then on for the next two years he spent his spare time in the study of the complexities of modern taxation and state government.

This knowledge and interest led Doctor Monson in 1932 to election to the State House of Representatives. He was re-elected in 1934. Two years later he was elected

vice-chairman of the Salt Lake Democratic Committee by acclamation, and later that year was elected secretary of state by a large majority. In 1940 he was re-elected by the largest majority ever polled by a governor or secretary of state in Utah. Last year he again polled this imposing majority.

His state honors were followed by national honors. In 1939, during his first term, he was elected vice president of the National Association of Secretaries of State and in 1940 was unanimously elected president of the Association; being the first man from the West to hold that office.

Since the secretary of state in Utah is also lieutenant governor, Doctor Monson is acting governor whenever the governor is out of the State. He has served in that

capacity numerous times during the past eight and a half years.

Several important assignments come to Doctor Monson as Secretary of State. He is an ex officio member of the Board of Regents of the University of Utah and, in that capacity, he has had the pleasure of conferring degrees upon his three children. He is also a member of the Board of Trustees of the Utah State Agricultural College, a member of the State Board of Examiners, and director of the Supreme Court Library. He is a member of the State Loan Commission, the state corporation officer, and superintendent of the Capitol building and grounds—the latter a favorite assignment because of the beautiful gardens. In the *PICTURE OF THE MONTH*, page 1361, Doctor Monson is shown in the gardens of the State Capitol.

Doctor Monson's life as a boy and young man in Utah, and his wide experiences, fit him well for the public office he fills. He was born in Richmond, Utah, of pio-

neer Mormon parents. As it is the custom in Mormon families for the boys to go on a mission for the church, soon after graduating from high school young Monson left for Sweden where he spent the years from 1912 to 1915 preaching Mormonism at his own expense. This gave him the opportunity to travel extensively in Europe. He was in Leningrad in August, 1914 when war was declared between Russia and Germany. At the outbreak of the war he left Leningrad on a crowded refugee train and returned to Sweden to complete his mission.

When Doctor Monson returned to this country in 1915 he entered the Colorado College of Dental Surgery from which he was graduated with highest honors. During the years in which he practiced in Salt Lake City, he specialized in prosthodontia, his chief interest in the field of dentistry.

945 South Seventh East
Salt Lake City, Utah

WHILE YOU WAIT

A DETROIT suburban dentist has replaced the reading material in his waiting room with V-mail stationery and a sign suggesting:

Don't be bored.
Don't be nervous.
Write your favorite
Guy in service!

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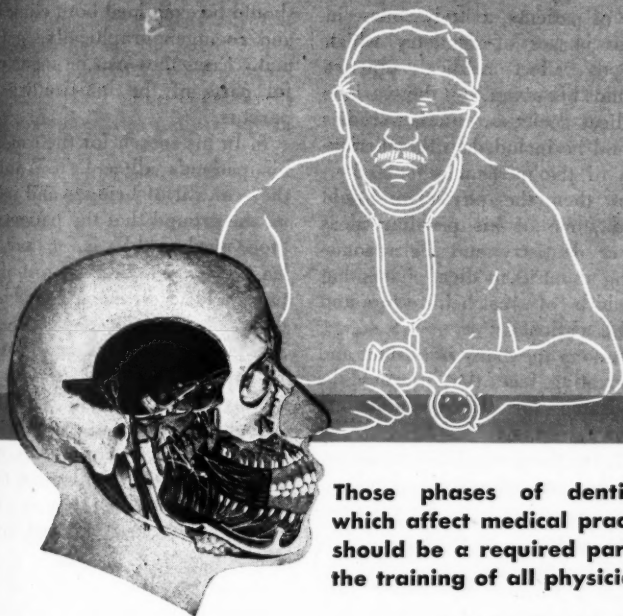
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MORE ON "DRILLING" THE PHYSICIAN



Those phases of dentistry which affect medical practice should be a required part of the training of all physicians.

By J. H. MAND; D.D.S.

IN AN ARTICLE "The Dentist Drills the Doctor—And Explains Why"¹ published in ORAL HYGIENE there appeared a statement to the effect that the average physician shows an appalling lack of interest in dentistry. This indeed is a mild statement. Isn't it about time that

we stopped being so gentle with our friends of the medical profession? For the benefit of many patients, shouldn't we become really frank?

In over twenty-five years of dental practice I have had many and varied experiences with a large number of physicians, and have come to the conclusion that their lack of interest is primarily the result of gross ignorance. This ignorance of dentistry on the part of the average physician would at

¹Draper, Elwood: "The Dentist Drills the Doctor—And Explains Why," Reprinted from *Medical Economics*, ORAL HYGIENE 34:2030 (December) 1941.

times be comical if it did not result in unnecessary misery and suffering for many patients.

In the interest of both professions and particularly for the welfare of patients, a study course in those phases of dentistry which directly affect medical practice should be given by the various medical societies. Similar studies should be included in the curriculum of the medical schools. Perhaps then the physician would shed some of his peculiar ideas about dentistry and learn something about its medical phases that would be of great help to him and to his patients.

Among the many important and interesting facts that it would be advisable for the physician to know are that:

1. Dentistry combines medicine, surgery, art, engineering, and mechanics; a tooth is, for all practical purposes, an organ; a bur is used to cut into these tissues and so is a surgical instrument; and the preparation of a cavity in a tooth, therefore, becomes a surgical procedure.

2. The extraction of an impacted molar is not merely a matter of "pulling" a tooth, but is a surgical operation often more difficult than a tonsillectomy or even an appendectomy.

3. Pain on the side of the face and head is not always a "cold," but, even though there is no complaint of a toothache, may be of dental origin. Pills or tablets give only temporary relief in that event.

4. The presence of caries in the teeth is not always the signal to order the patient "to get them out." This also applies to teeth covered with calculus. These teeth should be examined both clinically and roentgenographically, and in many cases they can be made useful parts of the masticatory apparatus.

5. In his search for the cause of his patient's ailment, to "order" the removal of bridges and inlays on the ground that the patient has "too much gold" is, to say the least, not in the best interest of the patient. The physician should understand that the restoration, as such, cannot be the cause of his patient's condition. The difficulty, if any, would usually be at the apical areas of the teeth and would be visible only by means of a roentgenogram. I know that many well-constructed bridges and well-fitting inlays are removed unnecessarily.

6. In swellings of the face resulting from dental disease, the application of ointments and poultices is usually contraindicated. Many alveolar abscesses have been brought to the surface by this treatment, resulting in ugly scars.

7. Orthodontia is not merely that branch of dentistry in which the dentist places some wires around the teeth, but is a study in growth and development.

8. In many puzzling nasal, aural, and neuralgic conditions, it would be advisable to investigate the dental and oral conditions that

may be responsible for them. Pressure of impacted teeth and roots can be the cause of many neuralgias. Cysts and other periapical conditions of the upper teeth may account for some nasal conditions. The occlusion of the teeth has a direct bearing on the temporomandibular articulation which, in turn, may affect the auditory mechanism.

9. A knowledge of the anatomy of the mandible, maxilla, and of the teeth, is necessary in order to be able to read dental roentgenograms. If the physician will refresh his memory with this knowledge, he will at least avoid holding dental roentgenograms upside down when examining them.

10. To assume an "I-know-it-all" attitude and to give specific "orders" to the dentist to perform this or that dental operation on

the evidence of a mere superficial examination of the teeth and jaws is ridiculous. The dentist, who has been trained for this service, cannot make a diagnosis by just looking at the mouth and teeth. It is only after a thorough clinical examination with special instruments is made, vitality of the teeth checked, and roentgenograms taken and examined, that we can arrive at a diagnosis.

These are only some of the phases of dentistry with which the average physician should be acquainted and usually is not. An understanding of even these few points, I believe, would be a great help to all concerned—the medical profession, the dental profession, and our patients.

502-39th Street
Brooklyn 32, New York

IDENTIFICATION BY DENTURE

WHEN PAYING off the patients in the convalescent hospital at Camp Butner, North Carolina, Captain Herbert Frank, the post finance officer, required each soldier to produce his dog tags or other positive identification. When Private Willie Jackson's turn came he said, "I haven't any dog tags, sir, but I have something just as good." He then removed his upper denture and placed it in front of the startled officer.

Inscribed on the denture was "Willie Jackson, 34510783."

The finance officer paid Willie his money.—*The Charleston (South Carolina) Evening Post.*

THE RETURN TO CIVILIAN DENTAL PRACTICE

A BOOKLET, published by this magazine, carrying authoritative articles on practice management, to aid dentists returning from the Service in establishing themselves in practice, is available to all dentists. For a free copy of THE RETURN TO CIVILIAN DENTAL PRACTICE write to the Editor of ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

A DENTIST WRITES THE STORY OF ANESTHESIA



Photograph of author by J. G. Manser, D.D.S.

New book by Howard R. Raper, D.D.S., brings the historic facts of the discovery of anesthesia into proper perspective.

IN A NON-TECHNICAL, popular style, Doctor Howard R. Raper has written a much-needed book on the subject of anesthesia under the title *MAN AGAINST PAIN—The Epic of Anesthesia*.¹ Asked why he, a specialist in radiodontia, had selected this subject for investigation, Doctor Raper replied: "I wrote the story of anesthesia because it interested me—and I am having it published because I feel certain that it will interest other people. It is a remarkable story, a

strange mixture of triumph, tragedy, and surprise."

Doctor Raper believes that anesthesia is of major importance in the entire history of man and that the story of its discovery has special and personal significance for dentists because two of their colleagues played leading roles in its discovery.

Although *MAN AGAINST PAIN* is written in a way that will appeal to the lay reader, it is neither superficial nor hastily turned out. It is based on years of careful study and investigation. More than

¹Raper, H. R.: *Man Against Pain—The Epic of Anesthesia*, New York, Prentice-Hall, Inc., 1945.

twenty years ago Doctor Raper developed an interest in the controversy over who discovered anesthesia. It became a major hobby for him. He read everything he could find on the subject, he made trips to Hartford, the home of Horace Wells, and to Boston, the home of William T. G. Morton, and the city from which the good news of anesthesia spread throughout the civilized world. He went to New York to acquire a library of old books and pamphlets on anesthesia and to visit the museum of the American Society of Anesthetists. In Denver he found an engraver who prepared three of the most complicated illustrations for reproduction in his book; in Los Angeles he conferred with Arthur E. Guedel, M.D., a specialist in anesthesia. He wrote more than two thousand letters and telegrams to people who could supply interesting details about the discovery of anesthesia or confirm his own knowledge on the subject.

By the deft use of all this material Doctor Raper has combined established facts and little-known details to give a fair-minded answer to the question "Who *did* discover anesthesia?" In the opinion of Doctor Raper the anesthesia controversy has been less a matter of disagreement over the essential facts than a difference of opinion as to who should be called discoverer in the light of the facts.

Doctor Raper has not limited his book to the details of the con-

troversy over the discovery. He tells the whole story of anesthesia from the legendary whack on the head with a club to the use of a hypodermic needle, from nitrous oxide to cyclopropane. There are chapters on narcotics, hypnotism, and dreams. There are the stories of such men as Carl Koller who, studying the psychic effect of cocaine with Freud, found that it made his tongue numb and discovered local anesthesia; of Arno B. Luckhardt who discovered ethylene anesthesia because some carnations died; of Arthur E. Guedel who proved his point and amazed his fellow-physicians by dunking a dog in water for four hours without drowning him, and of many more. Of special interest currently is the chapter on anesthetics in the war.

The opportunity to write his book came to Doctor Raper after he had resigned as junior dean of the Indiana University School of Dentistry to live a less active life in Albuquerque, New Mexico. He began the writing to satisfy his desire to see the whole mass of interesting material he had collected become a human, readable, coherent story. In explaining his point of view Doctor Raper says: "I make no pretense of having special knowledge on the subject of clinical anesthesia. My position in the field of anesthesia is that of the onlooker, the reporter. I am casual and detached so far as the controversy over the discovery is concerned. That is why I feel

safe in offering my book to the professional man and the layman. It should clarify many points for both groups.

"I cannot say what I expect to accomplish with my book. What I have attempted to do is to salvage and preserve the true story

of the discovery. It now lies buried under a mountain of disagreement and controversy and can be reached only after a great deal of digging. If my book turns out to be a contribution to the settling of the century-old argument, I shall be satisfied."

DENTAL SERVICE INCLUDED IN SUGGESTED HEALTH PROGRAM

A DENTAL care program starting in kindergarten and continuing throughout school years was one of many recommendations made to President Truman recently by the National Commission on Children in Wartime in a report on a national postwar program to give all American children adequate health and educational opportunities. In the report entitled "Building Youth," the Commission proposed that federal funds be expanded in the future to aid the states in providing, in addition to dental service, more health centers, clinic and hospital care for mothers and children, more school health services, more mental health services for children, health services to youth at work, and more care for crippled children.

They further propose a vast expansion in present family insurance against loss of income from unemployment, federal aid to education, and federal restriction of child labor. They believe that through such measures, rather than by universal military service, the future of the country can best be protected. In this connection the report suggests that President Truman appoint a commission composed of representatives of the armed services, management, labor, agriculture, education and child welfare organizations, to study the problem and recommend a program of action.

In the meantime, the Commission proposed immediate action to raise the levels of health, education, and welfare, by asking that federal grants for next year to state health departments for maternal and child health care be increased from \$6,000,000 a year to \$56,000,000, and for aid to state crippled children's agencies from \$4,000,000 to \$29,000,000.

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So You Know Something About Dentistry!

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QUIZ XI

1. In using stones and other abrasive instruments, which is most desirable, (a) light pressure and low speed, (b) light pressure and high speed, (c) heavy pressure and high speed?
2. One square millimeter of exposed dentine exposes (a) 10,000 dentinal tubules, (b) 20,000 dentinal tubules, (c) 30,000 dentinal tubules?
3. What is the most common site for supernumerary teeth, (a) maxillary central incisal region, (b) maxillary canine region, (c) mandibular lateral region, (d) mandibular central incisal region?
4. Is this statement true or false? Heating casting investments to 1300° F. causes them to expand to compensate for the contraction of the gold.
5. There are nineteen saints who are thought to be able to cure toothache if they are invoked. The one most widely known is, (a) Saint Lucy, (b) Saint Anna, (c) Saint Appolonia, (d) Saint Gertrude?
6. The first society of dentists of national scope was "The American Society of Dental Surgeons," which was organized, (a) August, 1835, (b) August, 1840, (c) August, 1845?
7. Dentures inserted immediately after the removal of the remaining natural teeth are called——dentures.....
8. Which of the following conditions are radiolucent (dark on the roentgenogram), (a) dental caries, (b) calculus, (c) cyst, (d) granuloma, (e) cement base?.....
9. Is carcinoma of the lower lip more common in men or women?...
10. Adherent powders used in connection with denture service contain, (a) glue, (b) powdered vegetable gums, (c) kaolin, (d) calcium carbonate?

FOR CORRECT ANSWERS SEE PAGE 1379



A dental society plans program to encourage boys and girls to take up the study of dentistry.

Standing (left to right): Les Nevath, All-American half-back and senior dental student, Ohio State University; Doctor Floyd E. Lytle. Sitting (left to right): Doctor H. C. Jarvis, Doctor Carlos H. Schoen, Doctor Bland L. Stradley.

CINCINNATI DENTAL SOCIETY GIVES A DENTIST-BOY BANQUET

By S. A. SCHMID, D.D.S.*

FOR SOME YEARS before the war, the dental schools suffered from a lack of sufficient applicants for matriculation, and now the shortage is, of course, more acute. We are happy to report that the Cincinnati Dental Society is doing something to promote interest

among high school students in the study of dentistry as a vocation.

Our Society, under the presidency of Floyd E. Lytle, gave its First Annual Dentist-Boy Banquet in April. More than one hundred members of the Society brought as their guests about one hundred and thirty boys. In addition, there were twenty boys, special guests of the Society, placed at a separate table. These twenty were selected

*President-Elect, Cincinnati Dental Society, and Chairman of the Dentist-Boy Banquet Committee.

by the principals of the ten local high schools on the basis of character and scholastic standing, and were honored by being introduced individually.

The program of the evening was designed to interest our guests. The past presidents of the Society were introduced to acquaint our young guests with the caliber of men associated with the profession. All talks were limited to five minutes and they were outstanding. No "stuffed shirt" technique here, but human, alive, brief, informal, sometimes humorous, always interesting, messages. Deans from four universities spoke and are especially to be commended. We are sure they made converts.

Les Horvath, senior dental student and All-American halfback of Ohio State University, who was the recipient of many awards during the past year for outstanding athletic ability, was featured on the program. Moving pictures of the Ohio State-Indiana and Ohio State-Michigan football games were shown. With a portable microphone, "Dentist-to-be" Horvath, who was an important participant in both of these games, identified the players and plays during the running of the pictures.

We attracted the boys by offering a banquet and the opportunity of meeting a famous football player and obtaining his autographed photograph. But we slipped over the intended message by the skill of our speakers who were wise enough to compress their remarks

into short, specific, forceful talks.

Another feature of the evening was a talk by one of our most popular members, Major C. J. Hudson (DC) USA, who had just returned from campaigns in Africa, Sicily, England, France, and Germany. He introduced his son, Lieutenant Jefferson Hudson, USA.

In his talk, Doctor P. E. Blackerby, Jr., Dean of the College of Dentistry of the University of Louisville, noted that we had not included girls as guests. He expressed the hope that we would repeat this meeting and attempt to attract young girls to the profession of dentistry and dental hygiene. We plan to do this next year.

We suggest that where the high schools have vocational directors, these men and women be invited as guests. If there are no vocational directors, the high school principals should be invited. We believe, too, that the concentration should be on attracting boys and girls in the first years of high school so that they may adjust their courses in order to have credits in the subjects necessary for pre-dental college requirements.

We are telling this story through the pages of this magazine of wide circulation in the hope that other dental societies will adopt similar programs. We must all do our part to attract a high type of young men and women to dentistry.

709 Provident Bank Building
Cincinnati, Ohio

PRIZE WINNING STORIES REPORT ON DENTAL LIFE

DENTAL WRITERS have won more than \$3000 in the monthly ORAL HYGIENE contest in which the author who submits the best story each month receives a \$100 award.

Among the prize winning stories, we have published reports about dental officers who have become war heroes; the story of a dentist to circus animals; an odyssey of a dentist who traveled through the waters of Alaska giving dental service to the natives; the story of the only armless woman dentist; personalized account of Guido Fischer and local anesthesia; a dentist's advice to colleagues who are working too hard; the personal experiences of a dentist-explorer in the jungles of South America; and the story of a dental officer who was rescued from a Japanese prison camp.

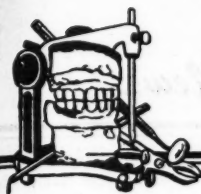
Your own story may be just as interesting as any of those you have read in ORAL HYGIENE. And you are the only one who can tell it!

If you don't have a gift for storytelling you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

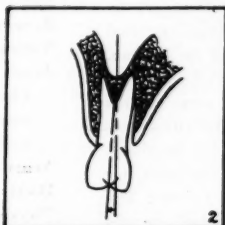
Drawings by Dorothy Sterling

The Extraction of an Upper Bicuspid

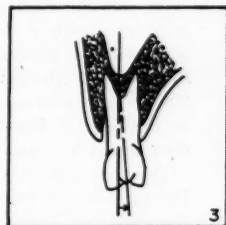
By R. D. McCLAIN, D.D.S.



Upper bicuspid to be extracted.



Force is applied first buccally—



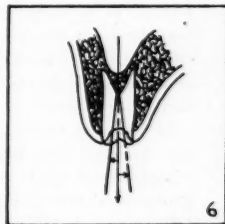
—then lingually—



— and finally directly downward.



If roots break during the operation, separate root tips may be extracted by use of the elevator as shown in the illustration.



If tooth breaks at the gum line, procedure is the same as for whole tooth: apply force buccally, then lingually, and then downward.



Military News

Navy Assistant for Dentistry Established:

The establishment of the post of Assistant for Dentistry in the Bureau of Medicine and Surgery was announced recently by Vice Admiral Ross T. McIntire, Surgeon General of the Navy. The functions of the Dentistry Division and the Office of Inspector of Dental Activities will be carried on under the Assistant for Dentistry in accordance with a new organizational plan for dental activities in the Bureau. Rear Admiral Alexander G. Lyle (DC) USN, who has served for some months as Inspector of Dental Activities, has been named the Assistant for Dentistry.

The functions of the Assistant for Dentistry were defined as follows: The Assistant for Dentistry shall be responsible for the performance of all dental functions but shall adopt no major policies, methods or procedures without the approval of the chief of the Bureau of Medicine and Surgery. He may have on his personal staff such other personnel as may be required to assist him in the general administration of his duties.

In addition to the establishment of the Assistant for Dentistry, the new organizational plan includes a Dental Professional Office, a Dental Personnel Office, and a Dental Inspections Office.—*The Journal of the American Medical Association.*

Reserve Officers Demand Recognition:

- An end to the controlling activities

of the group of regular Army officers who favor their own members in the matter of assignments and promotions is being demanded by reserve officers before the postwar military establishment is created. The breakdown of officer personnel shows how a comparatively small number of regular officers control the Army. The figures as of May first of this year are as follows:

Regular Army	14,499
Reserve Corps	189,753
National Guard	17,736
Army of the United States (holding temporary commissions in this war)	541,491
Army Nurse Corps	52,023
Dieticians	1,537
Physical therapists ..	1,156
WAC	5,717

**Total commissioned
officers 823,912**

It is a common complaint among the skilled medical men that the regular Army physicians push their own men ahead and clamp down on promotions of reserve physicians.

They say many regular Army physicians, knowing their promotions will come through automatically, lack the incentive to study and perfect themselves in their profession as do the men who have to compete in civilian life. As a result, it is often the case that the commanding officer of an Army hospital and the adjutant (who does the paper work) are regular Army officers with the superior ranks while the real surgery,

tough diagnosis and treatment are left to the lower ranking reserve physicians.
—Chicago Daily Tribune.

Command Right Approved:

The *Army and Navy Journal* reports that the House of Representatives Military Affairs Committee recently approved a bill already passed by the Senate which will grant dental officers of the Army the right to command within the Medical Department in general. Existing law limits their right to command to within their own Corps. The Committee, in reporting the bill, called attention to the fact that dental officers receive training which qualifies them professionally for command within the Medical Department. It was also pointed out that eliminating the statutory limitation to the right of command will permit more flexible and efficient operation of the Medical Department.

Aboard Hospital Ships:

At least one dental officer is assigned to the professional staff of every Army hospital ship whether it is bringing wounded home, transferring patients from one theater to another, or supporting an amphibious landing operation, according to the *Army and Navy Register*. A dental staff headed by a lieutenant colonel is assigned to the larger hospital ships carrying 900 to 1,500 bed patients. On the 1,500-bed ships the staff is composed of a lieutenant colonel who is a general dentist, a major who is an oral surgeon, and two captains or first lieutenants who are general dentists. A major who is an oral surgeon is the highest ranking dental officer on hospital ships carrying from 500 to 800 bed patients. A captain or first lieutenant who is a general dentist is assigned to the smaller 200 to 400-bed hospital ships.

SO YOU KNOW SOMETHING ABOUT DENTISTRY! (SEE PAGE 1373 FOR QUESTIONS)

- (b) light pressure and high speed. (Tylman, S. D.: *Crown and Bridge Prosthesis*, C. V. Mosby, page 203)
- (c) 30,000 dentinal tubules. (Orban, B.: *Oral Histology and Embryology*, C. V. Mosby, page 123)
- (a) maxillary central incisal region. (Bunting, R. W. and Hill, J. J.: *Textbook of Oral Pathology*, Lea & Febiger, page 74)
- True. (Ward, M. L.: *American Textbook of Operative Dentistry*, 7th Edition, Lea & Febiger, page 402)
- (c) Saint Appolonia. (Kanner, Leo: *Folklore of the Teeth*, MacMillan, page 178)
- (b) August, 1840. (Taylor, J. A.: *History of Dentistry*, Lea & Febiger, page 175)
- "Immediate" dentures.
- (a) dental caries, (c) cyst, and (d) granuloma.
- 88 to 99 per cent of carcinoma of the lower lip occurs in men. (Ehrich, W. E.: *Pathology for Students and Practitioners of Dentistry*, Lea & Febiger, page 323)
- (b) powdered vegetable gums. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 105)



FROM PAIN TO HABIT*

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How can dentistry fulfill the patient's expectations?

By **DAVID R. CRAIG**

WHAT DO patients think of dentists? What can individual dentists do to increase public acceptance of dentistry as a profession and of themselves as its agents? How can the organized dental profession supplement the individual efforts of its constituent members? Those three questions underlie these remarks.

In the course of an editorial following the recent death of Sir Arthur Eddington, the *New York Times* said:

"To say that the taste of an apple resides in the apple was to him like saying that the pain in a tooth on which a dentist is operating resides in the drill."

Sir Arthur was right and wrong. As a mathematical philosopher he was probably right. But from the point of view of the public that sits in the chair (or imagines itself sitting there), the great scientist was wrong.

If you will pardon a word from the chair, the pain does indeed reside in the drill.

The pain is often exaggerated. Much of it is illusory. When it is real it can be made to vanish by anesthesia. But pain it is. And the anticipation of it is the principal hurdle between the public and the dentist.

The patient who introduces himself to the dentist for the first time has jumped this hurdle. Either his current pain was more intense than the one he expected to find in the drill, or else (if he is a youngster) an inspired parent forced him into beginning a program of dental health. Even the youngster is likely to be apprehensive, for he can hardly have missed the references in comic strips to cries of distress from behind closed dental doors. The new patient arrives in the dentist's office full of the certainty that he is about to be hurt, but hopeful that the experience will abolish his present pain or prevent worse ones in the future. Pain kept him out, and pain brought him in.

At the other end of the scale is the experienced chair sitter. He sees his dentist twice a year, not because he was told to do so by a radio comedian (although radio helped) but because his experience in one or more chairs gave him confidence in dentistry as a method of keeping well, and confidence in Doctor X as a wise and competent practitioner. He has no pain. Instead, he has a habit.

The Transition

The measure of public acceptance is obviously the number of patients who have made the transition from pain to habit. Thus, our three questions are crystallized:

* Reprinted from the *Harvard Dental Alumni Bulletin*, January, 1945.

what can be done to encourage the transition, and who is to do it?

For the beginning patient the crucial moment is his first experience. What happens to him in the first hour is the deciding factor. If he is favorably impressed, he will return. If not, he will add dentistry to a list of his other mistakes and disappear from sight until some new pain is more than he can endure.

Since the events of this crucial episode are entirely within the control of the dentist, it is worth while to compare what the patient expects with what he may find. For the most part he expects the dentist to know his business, which is to repair teeth (a) so that they will not hurt and (b) so that they will function. He wants relief from pain and teeth with which to chew. Except under extraordinary circumstances he is likely to have his expectations fulfilled. But the manner of their fulfillment can make all the difference between a lost patient and one who wants more. This is true not only of beginners but also of those who have sat in other chairs.

It is possible to suggest a few details for illustration. They may seem trivial but they are human and therefore important. All of them affect the patient's confidence.

Details Are Vital

As he enters the door he may find clothing and literature all

over the place; or he may find everything in order, with other patients' hats and coats hung up and all the magazines arranged with parallel edges. He may walk into an empty room, or into a roomful of silent and glowering fellow sufferers; or he may be greeted by a receptionist or assistant. The receptionist reflects the dentist's competence; she may confirm the impression of doom around the corner, or she may be well groomed, friendly, and businesslike. The patient may have to wait an interminable ten minutes beyond his appointed time; or the dentist may keep his appointments promptly.

It is presumptuous for a non-dentist to make any suggestions to dentists as to their chair work. Nevertheless, here, too, what counts in the transition from pain to habit is not only the operation but the operator's manner. A rich experience with six dentists in different cities yields a few impressions which can be recorded for what they are worth.

The dentist may greet the patient abruptly or too effusively, and start with observations about the Red Sox, the elections, or even the war; or he can begin with an amiable but exceedingly matter-of-fact discussion about this patient's teeth. The ideal dentist gives the impression of unhurried analysis, prompt decision, and action without fumbling or hesitation. Anything less than this betrays a feeling of insecurity on

the part of the dentist and is likely to be interpreted as incompetence.

At this stage, both the discussion and the action should probably be limited to the condition which caused the patient to jump the hurdle. The only admissible exception is a prophylaxis, which may be necessary to permit the dentist to see what he is doing. Everything else should wait. If as we suppose the trouble is a toothache, the immediate job is to find it and stop it. This correspondent in his removals from one city to another has twice been driven from a new chair by dentists who began a sales talk in the first fifteen minutes intended to author-

ize the replacement of a sizeable collection of still useful metal restorations and inlays. No matter what else is at fault in the patient's mouth, in the first crucial hour the dentist should stick to the problem of which the patient is already aware. The first step is confidence in the dentist. The rest comes later.

Warn Patient

If the dentist must operate in a sensitive area and cause the long-awaited pain, of course the pain cannot be avoided. But its effect can be minimized if the dentist will tell the patient in advance, "This is going to hurt." If the expectation can be exaggerated, so much the better, for in such a case the big pain turns into a little one and seems like none at all. An unexpected jab in a tender place bears out all the patient's apprehensions.

Obviously the dentist knows best, but this should remain a secret from the patient. Any attempt to patronize him will be resented. It is safe to assume that the patient is an intelligent person capable of understanding simple technical terms. The way to gain confidence is to give it. It can be given by a technical explanation of the facts, pitched to the right level.

At the end of the session the dentist can usefully review in one minute exactly what the condition was, what was done, and how it will correct the trouble. This may

ABOUT THE AUTHOR

David R. Craig was an instructor in economics at Carnegie Institute of Technology and the University of Pittsburgh for fifteen years.

For the last seven years he has been president of the American Retail Federation, with headquarters in Washington. This is an alliance of state and national associations whose membership contains more than half a million retail merchants of all kinds and sizes. It was established to serve as the public relations arm of the retail industry.

He has made his living by taking a professional interest in the way merchants run their businesses and in the aspects of stores which appeal, and which do not appeal, to the public. In this article he looks at the profession of dentistry from the same point of view.

be the right time to discuss the bill. It is certainly the right time if the dentist does not know the patient, or if some choice of further service is to be made on financial grounds. Surely the bill should be discussed as an aspect of the service and never apart from it. This is also the right time to explain the need for further treatment if there is any such need. No general prescription for such an explanation is possible beyond the suggestion that it sounds best when it is direct and when it sticks to facts.

A Public Habit

We turn now from a discussion of etiquette to a brief review of some of the background activities of the organized dental profession which might promote dentistry usefully as a public habit. In the absence of detailed information about current programs, only the coarsest review is possible.

Professional groups are often like many national groups in other fields — business, labor, farm groups. They give the impression of carrying on a steady rear-guard action to defend themselves against other groups or against the march of time. Whether dental organizations fall in this category is only for dentists to say. All a non-dentist can offer is that, as dentistry progresses as a constructive force in American life, its practitioners will increase the pace of their technical advance, will acquire pride in their history and in their

accomplishment, and they will communicate their progress, their pride, and their achievements to the public at large. These are long-range projects which cannot be left to the government nor even to the manufacturers who supply instruments and materials. They need the interest of dentists, and time, and energy. Many dentists are already spending perhaps more time than they should in public-spirited long-range effort, at the expense of their practices or their health or both. That is a price of leadership. Our question here is what dentists can do together that they cannot do separately.

They can organize, support, and encourage research in dentistry and in the relation of dentistry to medicine. No matter how much research is now under way, it cannot possibly satisfy an ambitious profession. The scholars of dentistry in the universities, the scientists in the factories, the officials in the government health services, and the born researchers who happen to be dentists too — all these need the kind of support and encouragement which an organized profession can give and which are the principal reward of the researcher.

They also can organize, support, and encourage research in the relation of the dentist to his community. The achievements of dentists during the war have been many and important. We have seen fragmentary reports of dental

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service in the armed forces. Dental rejections at the outset of the draft were so numerous that the standards of acceptance had to be lowered, and the dentists of the Army and Navy labored diligently to restore mouths of soldiers and sailors to usefulness. The fact that all these young men got their dentistry "for free" cannot help reverberating for many years among the traditions of the profession even if it does not destroy the traditions themselves. *If it has not been called socialized dentistry, it should be, for it is exactly that.* Soldiers and sailors are used to it. Even more important, many young dentists are conditioned to it and there may be some among them who prefer that kind of social security to the established risks. No useful purpose is served by uninformed speculation. That is why an organized attempt to understand the scope and the character of the postwar relation of the dentist to his community must challenge every dentist who is unwilling to let the decisions go by default.

Dental Journalism

We must take for granted that the editorial boards of dental journals and bulletins review systematically their purposes, their presentations, and their audience. It is polite to suppose (but unsafe to bet) that the best possible job is already being done in bringing quickly to all dentists the best and

most recent information available in language edited for simplicity and easy reading.

Dentistry's Immortals?

Somewhere in dentistry there is probably an Osler working to make dentists proud of their history and their achievements. The creation of that pride is necessary to the profession as a whole, for unless dentists have confidence in themselves they cannot ask the public to take much stock in them.

Finally, it is time for dentists to see that the public finds out something more than it knows now about the profession. Right now the public is aware only that dentistry is painful—an impression which probably has been aggravated by the occasional advertising of painlessness. Where are the Mayos, the Murphys, and the Jacksons of dentistry? Where are dentistry's great men? What have they done to deserve their greatness? What have been the great milestones of dentistry? The public knows none of the answers. Some may have read last summer on page 13 of their newspapers the story of some fluorine experiments, but the story has already been forgotten. Beyond that, dentistry is an unpleasant mystery. It needs a De Kruif to tell its story. Such a program, too, can be the concern of organized dentistry and over the years it will add stature to the profession as a constructive force.



Dentists in the News

Worcester (Massachusetts) Evening Gazette: Lieutenant William "Bullet Bill" Osmanski, former Holy Cross and Chicago Bears football star now serving as a Navy dental officer with the Marines on Okinawa, has become the idol of the natives since they discovered that he has gold for restorations. When the natives found out that Lieutenant Os-



manski could make gold "biters" appear in their mouths, they considered him a great medicine man.

Every time the Navy dental officer appears in public he has a scrimmage with the would-be patients who refuse to believe he is not a "gold tooth" mine. Each morning a line of "gold seekers" forms outside his field tent. Of his native admirers Lieutenant Osmanski says, "They use more plays than George Halas and Clark Shaughnessy ever thought up for the T-formation. They're not interested in ordinary dental service. But they submit to it on the gamble I'll insert some fancy gold bridgework."

Philadelphia (Pennsylvania) Inquirer: A tune entitled "You Got Me, You Got Me," composed by Lieutenant Commander Clay Boland, Navy dental

officer, for the University of Pennsylvania's Mask and Wig Club, was heard recently on Okinawa by a group of Marines listening to a propaganda broadcast by the Jap-controlled Shanghai radio.

One of the Marines, Private First Class William I. Mirkil, Jr., in writing about the broadcast to his uncle in Philadelphia, said, "In the course of the propaganda program one of the selections played was from the Mask and Wig show of several years ago—'You Got Me, You Got Me.' We agreed that the Japs had something there.

"When next you see Clay Boland you might tell him that his tune lifted our morale and was thoroughly enjoyed (thanks to the Japanese) by a group of Marines on far-off Okinawa."

Waco (Texas) Tribune-Herald: When Doctor Robert Cagle, McGregor, Texas, dentist, was rejected by the Army, he set himself up voluntarily



and without pay as the agent for all salvage drives in his area. Each collection period he pulls a long trailer attached to his automobile around to Crawford, Oglesby, and Moody, the three towns near McGregor, and collects

cans and paper. At his own expense he set up deposit sheds for salvage in these nearby communities. He bales the paper himself, sees that the tin cans are in the right shape, and hauls them to Waco for government salvage. In his spare time, Doctor Cagle also directs the saving of used fats which can be turned over to butchers for red points.

Mosinee (Wisconsin) Times: Doctor Bernard J. Cigrand, former Wisconsin dentist who for many years was promi-

nent in the field of dentistry, will always be remembered as the father of Flag Day which is observed on June 14 every year as a national day of respect to the American flag. On June 14, 1885, Doctor Cigrand, then a young school teacher in Ozaukee County, Wisconsin, arranged the first flag day in his school and for many years he was head of the American Flag Day Association. President Woodrow Wilson, in 1917, selected the same date for national observance.

This month's awards for stories published in DENTISTS IN THE NEWS have been won by:

H. M. FIELDING, D.D.S., 32 Franklin Street, Worcester 8, Massachusetts.

HARRY MAETH, D.D.S., Mosinee, Wisconsin.

G. W. ADAMS, 1009 South 7th Street, Waco, Texas.

E. G. KELLY, 330 South Juniper Street, Philadelphia 7.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

BROKEN APPOINTMENT FEES

THE QUESTION as to the legality of claiming a fee for a broken dental appointment when no actual professional service has been rendered was raised when action was taken by a firm of London, England, dental surgeons against a patient who failed to keep an appointment. The patient was notified when the appointment was made that a fee would be charged unless the appointment was cancelled. The patient denied, however, that she had made an appointment or received any professional service. The judge stated that there was no proof of damage before the Court and there would be no order.—*The Dental Record*.

GIVE RESERVE OFFICERS A FAIR DEAL*

~~U.S.N.~~
~~U.S.A.~~
~~U.S.M.C.~~

SECRETARY of the Navy Forrestal, in a commencement address at Annapolis, disclosed that to a remarkable degree the successes of the Navy have been won under the command of reserve officers. Of 400,000 officers now in the Navy, only 11,350 are Annapolis graduates. Admiral Ernest J. King, Commander in Chief of the Fleet, had previously stated that the Navy had appointed 131,000 officers from civilian life, had promoted 58,000 from enlisted rank, and had obtained 97,000 from officer candidate programs in the period from December 7, 1941, to March 1 of this year.

The ratio of reserve officers to regulars, both ashore and afloat, thus stands at about 39 to 1. Mr. Forrestal said that to command the fleet which it is proposed to retain after the war about 30,000 officers will be required. There will be between two and three times

as many officers who are now classified as reserves as there will be Annapolis graduates in the peacetime Navy.

"To get these men," said the Secretary, "the Navy will have to face the competition of the opportunities of civilian life. To get them (and we shall not get them unless we do this) the officers of the regular Navy in all commands must realize and accept the responsibility of convincing young men of promise that they have the same opportunities and the same chances for advancement that are available to Annapolis graduates; in other words, that the criteria of promotion in the Navy are character, competence, and capacity for leadership."

These are fair words, but the regular Navy has for so long been a chummy club, in which those

*Excerpts from an editorial published in the *Chicago Daily Tribune*, June 15, 1945.

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privileged to wear an Annapolis ring have thought that the distinction marked a clear division in caste, that it may prove difficult to introduce a new spirit. Reserves in all of the Services are stamped with the assumed inferiority of their station. A regular Navy officer is given the initials "USN" after his name and rank; for the reserve it is "USNR." The regular Army officer is designated "USA"; the reserve, "AUS." Marine reserve officers are never able to escape the brand of "USMCR." None of these officers likes the distinction. (See EDITORIAL COMMENT, page 1390).

The Navy should recognize the necessity of reform by liberalizing its treatment of reserves at once. It should not brand them with the "USNR" that is meaningless in time of war, except as a mark of caste. It should make it plain that any officer capable of accepting responsibility, exercising the functions of command, and meeting hazard with skill, coolness, and courage is entitled to the same respect and honor as other men who happen to possess the Annapolis pedigree. It should establish merit alone as the criterion for retention and advancement in the postwar Navy.

TELEVISION MAY AID MEDICAL DIAGNOSIS

IN A RECENT speech before the Erie County (New York) Medical Society, Jack O'Brine of the Radio Corporation of America stated that a means has been discovered of linking cities in this country in great television networks. He said, "Great surgeons and medical instructors of our day may be seen as well as heard in actual demonstrations by medical students wherever they may be. Moreover, these students, grouped around large-screen television receivers, will be able to see and hear much better than those at the scene of the demonstration."

Mr. O'Brine suggested that in the future patients may have their cases diagnosed by medical specialists hundreds of miles away. With a television line established, the patient would telephone the specialist who would be able to see the patient before him on the screen. The physician would be able to inspect any external infirmity, and by questioning the patient, could proceed with the diagnosis.

In the field of public health, Mr. O'Brine believes that by means of television greater knowledge could be carried to health officers, physicians, and welfare workers. Actual television visits could be made into tenement districts and to health projects.—*Medical Economics*.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE PLIGHT OF THE RESERVE OFFICER

BEFORE THE war the combined officer personnel of the Army and Navy Dental Corps was about five hundred officers. At present there are more than twenty thousand dentists in military service. This represents a ratio of reserve officers to regulars of 40 to 1. This same proportion holds through the naval service, according to the Secretary of the Navy, who has stated that of the 400,000 officers now on duty only 11,350 are Annapolis graduates. In commenting on the ill treatment received by reserve officers generally the *Chicago Tribune* has recently carried a straightforward editorial that is reprinted in part on page 1388.

The plight of the dental reserve officers and others who have been commissioned since the war began is known to the dentists in Service but not to the profession generally. The regular Army and Navy dental officers who have chosen a military career are better acquainted with military procedures and organization than the dentists who have entered the Service during the war. It is proper, therefore, that the regulars should occupy the positions of greatest responsibility. This they now do. The regulars in addition to their more favorable assignments are more likely to receive promotions than are the reserve or the AUS officers. There are extremely few dental officers in the grades of colonel in the Army or captain in the Navy who are not regulars—two dozen would be a generous estimate.

The regular officers of the line and staff sometimes forget that if it were not for the men drawn from civil life the United States could not carry on a war against any first-class power. Why the regular officers sometimes feel supercilious toward the people who make victory possible

is difficult to understand. The regulars should, in fact, be extremely grateful for the cooperation that they have received. The imposing record of accomplishments in the Army and Navy Dental Corps would not have been possible without the services of the "civilian dentists in uniform."

The career men in Service know that every year spent is a credit toward the days of their retirement with pay. The reserve officers know that every day spent is a sacrifice to them. They have no retirement privileges to contemplate. To most of them the period in Service represents a loss of money and heavy inroads into whatever reserve funds they had accumulated in civilian life.

There are hundreds of reserve and AUS officers (see MILITARY NEWS) who have been in Service three or four years who are past 40 and who still serve in the lower commissioned grades. Although enlisted men with sufficient points, or who are overage, are being separated from the Service, many of the officers with the same qualifications for discharge remain. They are told that their presence is necessary to fill in as replacements or that they will be urgently needed when some ill-defined and vague "emergency" arises.

When the sales talks begin urging dentists to accept reserve commissions after the war many of the dental officers who have suffered indignities and subservience to other corps and who were not treated fairly by the regulars will, I predict, set up a stiff sales resistance. If they do not, their memories will be extremely short. If the dental service in the Army and Navy is to attract the proper kind of men after the war there must be some guarantee made that dental officers will enjoy the same kind of freedom that they experience in civilian practice and that the military career promises a future with some security, free from caste and corps humiliations. If these guarantees are not made now the Army and Navy Dental Corps may find it hard to fill their quotas after the war.

Edward J. Ryan

DENTAL SCHOOL WINS INDEPENDENCE

Dental School established thirty-five years ago in Santiago de Chile is separated from Medical School of University of Chile; Dean appointed for reorganized department.

A CAMPAIGN carried on for a number of years to obtain the separation of the dental department from the Medical School in Santiago de Chile, ended with success this year. An independent dental school under the name, *Facultad de Odontología*, has been established with Doctor Waldo Vila Silva continuing as Director of the school which was established by and named for Germán Valenzuela Basterrica¹.

In celebrating their triumph Chilean dentists give much credit to Doctor Vila Silva, who had led the profession in its battle for independence. His efforts have been watched with interest and approval by the Federation of Latin American Dentists. Throughout Latin America the belief is widespread that dentistry, to reach its highest development, must free itself from the traditional domination of medicine

To the dental profession of Chile the formation of the separate dental school is the most important news in many years. It means that the authorities of the University and of the Chilean government have recognized the importance of the study of dentistry as a separate entity. It will no longer be subordinated to medicine. Dental professors will devote all of their time to giving instruction in the Dental School. More attention will be devoted to clinical and laboratory training. Doctor Vila Silva is empowered to choose all the faculty members and develop the program of study that seems best to him. The dental faculty will cooperate with the Medical School on an equal basis and will have an independent voice in the administrative councils of the University.

Commenting on the changed status of dentistry under the new arrangement, Doctor Leopoldo Panatt, President of the Dental So-

¹A Dentist Turns Detective, ORAL HYGIENE 34:1264 (August) 1944; Murder in the Legation, *Selecciones del Reader's Digest* 10:65 (July) 1945.

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ciety of Chile,² pointed out that the dental faculty can now undertake the study of important problems before neglected because they were considered minor details to the faculty of the Medical School.

Dean Appointed

Newly appointed Dean of the Dental School is Doctor Alfonso Leng, who has not only achieved great success in the dental profes-

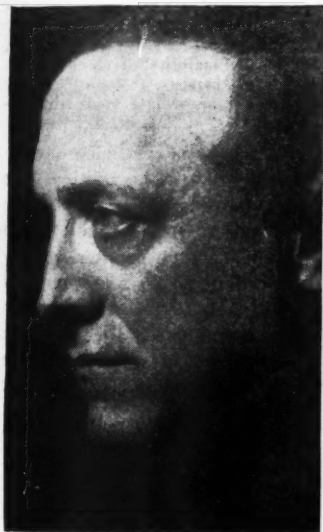
sion but is one of the outstanding Chilean composers of piano and orchestra music.

During his twenty years as a dental professor he has emphasized the study and treatment of periodontal disease. His original investigations have brought him prominence in dental organizations throughout Latin America. As a delegate to an International Congress of Periodontists, held before the war, Doctor Leng was appointed member of a commission to develop a basic plan for the study of periodontal disease in all dental schools.

In the field of musical composition Doctor Leng has gained wide recognition in and outside of his own country. Among his numerous orchestral compositions some have been said by critics to be reminiscent of Schumann, Wagner, or Richard Strauss, but all of them reflect a Chilean influence.

Many people do not know that the dental scientist and professor, Alfonso Leng, is the same man as the composer. To his friends he explains that after strenuous days of teaching and research in his scientific laboratory, he finds it restful and relaxing to spend his evenings composing music. Thus, at sixty, as he takes up his duties as the Dean of the new Dental School, Doctor Leng can look back on two complete, well-rounded careers in widely separated fields.

²Panatt, Leopoldo: Letter to Juvenal Hernández, President of the University of Chile, *Dental Journal of Chile* 37:43 (January) 1945.



Alfonso Leng, D.D.S., Dean of the Dental School, University of Chile. (Photograph submitted by Raul Gonzalez-Labbe, D.D.S., of Rancagua, Chile.)



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Sensitive Incisor

Q.—I am enclosing herewith a roentgenogram of two central incisors. The one about which I am in doubt is the left one that has the silicate restoration in it. My patient, a man in his early forties, complains that this tooth reacts to both hot and cold and that the sensitivity is increasing. I have examined the tooth and can find nothing defective. I suggested removing the silicate to see if there was anything wrong with it. He was reluctant to have this done, as it had been tried about a year ago, when the cement base was placed, but he said this did not remedy the condition. Can you tell me if there is anything wrong?—R. P. N., Minnesota.

A.—It seems probable that the silicate cement restoration is not responsible for the sensitiveness of the maxillary left central incisor. It is not too close to the pulp and the cement base should protect the pulp from any possible irritating effects of the silicate. The roentgenographic evidence indicates that this tooth is under too heavy occlusal stress. Such stress will often cause hyperemia of the pulp.

There appears to be a large cavity in the adjoining lateral incisor. Or is this a structural defect? In any event, you would be justified in disoccluding the central incisor

to see if the sensitiveness can be corrected.—GEORGE R. WARNER.

Orban's Treatment

Q.—In recent months, I have had several patients whose interdental papillae appear swollen and bleed easily. Vincent's infection smears are negative. I have given each of these patients a thorough prophylaxis, Vitamin B¹ and C, and advised daily gum massage, but in the majority of cases the condition still persists.

I should appreciate your advice regarding this.—L. M. S., Tennessee.

A.—In our experience in treating periodontal conditions, we have had only an occasional case in which the interdental papillae remained inflamed after all subgingival deposits were removed and the patient cooperated with good home care. We found in many cases that we did not have all deposits removed even after two or more thorough scalings.

Since reading Orban¹ we have used his treatment for these resistant cases with much satisfaction. The treatment consists of packing the interdental spaces with cotton saturated with super-

¹Orban, Balint: Action of Oxygen on Chronically Inflamed Gingival Tissue, J.A.D.A. 29:2018 (November) 1942.

oxol (Merck). Doctor Orban says the pack does not need to be left in for more than ten to twenty seconds. When the pack is removed the gingivae are blanched and the cervical areas of the two teeth are exposed to view so that even the smallest specs of deposits can be seen clearly and removed easily. Repeated applications of the superoxol result in a decrease and final elimination of the inflamed or hypertrophied tissue. Then if the patient brushes the gingivae and keeps the interdental spaces free of detritus, the gingivae will become keratinized and the bleeding will cease.—GEORGE R. WARNER.

Obtaining a Patent

Q.—I am working on a new type No. Seven handpiece. What is the proper procedure to obtain a patent? Do you think it will be necessary to forward the handpiece to the patent office or just plans of it?—R. H. D., Louisiana.

A.—The usual procedure, if and when you are sure that you want to apply for a patent, is to engage the services of a patent attorney. He will secure for you from the patent office in Washington copies of similar patents already on file. From these you may find that your idea has been covered. If not, your patent attorney will advise you as to how best to proceed with your application.

It might interest you to know, however, that it is not necessary for you to secure or even apply for a patent to protect your rights on any patentable idea. If you can

prove that you have manufactured, put to beneficial use, and sold a patentable article prior to the application for a patent covering the same idea by another party, you can block his securing a patent or knock it out if he has already received it, and establish your own prior right. Unless you are sure that your idea has marketable value, I advise you to be cautious about applying for a patent.—V. CLYDE SMEDLEY.

Soreness of Tongue

Q.—I just noticed in a recent issue of ORAL HYGIENE your diagnosis and cure for soreness of the tongue.

I have had tongue soreness on the left side for about eight years. In the last two or three years, if I do not smoke, my tongue is fairly comfortable. My tongue and mouth are sensitive to heat.

Sometimes the left side of my tongue about the second bicuspid region will become sore and sometimes the papillae on either side of the median line will swell.

Please suggest a cure.—P. S. D., Illinois.

A.—It would seem from your letter that you are especially susceptible to the irritating effects of tobacco. In the case of certain persons tobacco causes leukoplakia and some cases of leukoplakia develop into cancer. I had one such case and have seen others. It would seem well worth your while to forego the use of tobacco, hot and spicy foods, and drinks.

We have had many cases of sore tongue from loss of vertical dimension which have been relieved by increasing the vertical dimension; and thus raising the

condyle of the temporomandibular joint out of an impingement on the contents of the fossa. But the condition is not corrected in all cases because there are other causes of sore tongue.—GEORGE R. WARNER.

Sensitive Dentine

Q.—Recently I had occasion to inject a maxillary third molar infiltration anesthesia 1½ per cent monocaine hydrochloride supplemented by a subgingival injection for cavity preparation.

The result was no effect on the dentine but complete numbness of the incisor teeth, labial and palatal mucosa.

I should be interested in an explanation of these results.—B. K., New York.

A.—It is probable that in injecting around the third molar you anesthetized the posterior dental branch of the fifth nerve. This branch finally connects with the anterior branch which supplies the incisor teeth. Filaments are also given off from the posterior branch which supply the lining membrane of the antrum and corresponding portion of the gingiva.

We sometimes observe the phenomenon of securing anesthesia of the supporting tissue of a tooth while dentine may still remain sensitive, but we do not know why this occurs.—V. CLYDE SMEDLEY.

Hearing Aid Impressions

Q.—I have been asked by my pharmacist to take impressions of ears so that hearing appliances could be made to order for his customers.

As dentists, are we permitted to take impressions outside the oral cavity? I should like the impression technique.—A. O. D., Massachusetts.

A.—There is no law restricting dentists from making impressions elsewhere than in the oral cavity. I have a friend who has the local agency for a hearing aid. He uses solvite for these impressions. Insert a plug of cotton deep into the canal, then flow soft solvite in to contact the cotton and complete the impression of the ear. The cotton clings to and comes out with the hardened solvite.

One of the hydrocolloids could be used for this purpose if impressions were to be poured promptly but my friend sends the impressions East to have ear fittings made, and, therefore, finds solvite preferable.—V. CLYDE SMEDLEY.

Diseased Pulp

Q.—The courteous and helpful replies you have given my requests in the past prompt me to write to you again.

How would you handle the treatment of a root canal in the upper second bicuspid which has a diseased pulp with a formation of gas?

I am anxious to save this tooth and any suggestions you can offer me will be greatly appreciated.—I. E. M., New York.

A.—After adjusting the rubber dam, the tooth in question should be opened and, under aseptic precautions, as much of the putrescent pulp removed as can be done safely without pushing any of the canal contents through the root-end. Then a dressing of formocresol should be introduced, being careful not to have any excess of the medicament on the cotton that might be forced through the root and set up an irritation in the peri-

apical tissues. The tooth should then be sealed and the treatment repeated on the next day or the second day after until the soreness has left the tooth.

Then the canal should be cleaned thoroughly and reamed or filed until it is perfectly smooth. When the canal is sterile, as shown by culturing paper canal points which have been left in the canal for twenty-four hours, it can be filled safely. It must be thoroughly filled.

—GEORGE R. WARNER.

Fixed Bridge

Q.—In the April issue of ORAL HYGIENE, I notice that you comment with disfavor on the "unsanitary so-called sanitary pontic."

I have been using this type of pontic in restoring lost lower molars for many years and I have found that they seem to remain clean in comparison with other types.

If you will kindly elaborate on your adverse criticism, I shall be most grateful.—S. S., Louisiana.

A.—It has been our observation and it is our belief that no other type of fixed bridge is as sanitary as one simulating normal tooth form and contacting the gingival tissue without pressure but fitting it accurately. Soldered joints should be made with care to avoid impingement on gingival tissue and provide as nearly as possible normal interproximal space adjacent to fixed bridge abutments. —V. CLYDE SMEDLEY.

Strained Jaws

Q.—I have a patient for whom I made full upper and lower dentures. The bite is good when her jaws are in normal

position, but she claims that her jaws tire and she permits the lower jaw to protrude to relieve the tired feeling. She places the lower anterior teeth against the upper anterior teeth making her gingivae sore. I made the lower denture over setting it back about 2 mm. Now she extends her chin so that the lower anterior teeth strike the upper anterior teeth to keep the jaw from tiring.

Can you please tell me what the difficulty is and how to remedy it?—W. M. S., Kentucky.

A.—I would suggest that you open the bite somewhat with the posterior teeth throwing the anterior teeth slightly out of occlusion even when the mandible is protruded to the incising position.

Your patient's jaws probably tire from a too short bite and lack of occlusal support at the correct normal position. If this is not the case, it may be that the jaws are put on a strain by the bite being open too much.—V. CLYDE SMEDLEY.

Deciduous Teeth

Q.—Will you please suggest some remedy for relieving a baby of the discomfort of cutting teeth?

The case I now have in mind is a child 9 months old. There are no symptoms other than that the child is uncomfortable and cannot sleep.—J. R. A., West Virginia.

A.—While the eruption or cutting of deciduous teeth should cause little pain or discomfort, if the child is normally healthy, there are cases in which much discomfort is experienced. This is said to be because of the back pressure on sensitive tissues below the erupting tooth rather than the pressure on the overlying tissue.

Therefore, if a child is fretful and does not sleep, the eruption should be assisted by incising the gingiva. A straight incision for the incisor teeth and a crucial incision for the molar teeth is advised. If there are serious systemic disturbances, the family physician or pediatrician should be consulted.—**GEORGE R. WARNER.**

Postoperative Pain.

Q.—A man about forty-five years old came to my office to have a lower right first molar extracted. The crown was almost gone and the roots were left. I injected 1 cc. of a 2 per cent solution of procaine both buccally and lingually. The tooth came out without any pain to the patient. The process was quite heavy but I had no trouble with the process breaking up. It was a deep socket and I cleaned it out well with a 5 per cent solution of sodium sulfathiazole. Bleeding was normal as from any other case. I then placed sodium sulfathiazole powder in the sockets of both mesial and distal roots and the patient was discharged. I saw the patient the next day and he had no difficulty whatsoever. Two days later he came to my office with the complaint of postoperative pain. There was no soreness and the sockets were both clean. I did irrigate them, however, with a 5 per cent solution of sulfathiazole and then I packed each socket with emulsive benzocaine ointment and discharged him. The effects of this lasted nearly twenty-four hours when he returned again complaining of the same ache. I repeated the same procedure.

This same line of treatment had to be continued for nearly three weeks. In the meantime a roentgenogram was taken and the sockets were perfectly clean.

Can you please tell me what in my technique is wrong?—**D. C. B., Massachusetts.**

A.—Postoperative pain is not always explainable. Your procedure in the case which you pre-

sent is accepted by men in the profession. However, some men have difficulty following the packing of sockets with the sulfonamides. There has been some difficulty in general surgery where too much of the sulfonamide has been put in a wound. A solidifying of the powder into a mass has acted as a foreign body. The technique was then changed and the powder was insufflated so that only a thin film was left in the wound.

However, your difficulty may or may not have been from the sulfathiazole. Sometimes the bone is so eburnated around the tooth socket that the blood clot does not hold well and the bony walls with fine nerve fibrils are exposed and, therefore, painful until these eburnated walls are resorbed.

I would not be discouraged by the difficulty in this case because a certain number of similar cases are bound to occur in every practice.—**GEORGE R. WARNER.**

Hemorrhage Control

Q.—Many thanks for the assistance you have given me in the past.

I have a problem that I am unable to solve and I should greatly appreciate your counsel. What do you consider the best remedy for stopping hemorrhage after extractions?—**P. G. Y., West Virginia.**

A.—If the hemorrhage is not from a "bleeder," pressure in one way or another will usually control bleeding. One of our correspondents flames a pledget of cotton and then places the scorched aspect of the cotton in the socket un-

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der light pressure. He claims success with this measure. Another dentist places gauze saturated with carbo-eugenol in the socket under light pressure. Pressure is obtained easily by having the patient bite on a cork or pad of gauze.

If hemorrhage continues despite these pressure remedies an injection of Vitamin K is indicated and will stop the hemorrhage. Sulfathiazole, if not used in too great quantity, is thought by many to be a helpful postextraction treatment. One author² has found that an allantoin and sulfanilamide ointment gives a much better result than sulfathiazole powder. — GEORGE R. WARNER.

Loss of Enamel

Q.—I have a woman patient, about forty-two years of age, whose lower anterior teeth have become denuded of enamel lingually so they taper to a knife edge. Her upper anteriors, except one cuspid, have porcelain jackets. The remaining natural cuspid is being affected the same way as the lower teeth. Past history shows an acid condition of long standing but this tooth condition has developed during the past two years.

I presume that I shall have to put

²Devine, J. D.: The Use of Allantoin and Sulfanilamide Ointment in Extraction Sockets and Oral Surgery, *THE DENTAL DIGEST* 50:267 (June) 1944.

porcelain jackets on the lower teeth also. Have you any suggestion as to the cause of this condition or is it a case for a physician?

Thank you for your courtesy.—H. W. G., Massachusetts.

A.—In my experience loss of enamel on the lingual surfaces of the mandibular teeth occurs in cases of a gastric condition in which there is a regurgitation of stomach contents one or more times a day. It is a medical problem while the result is a dental problem. I think you are right in planning to put jacket crowns, either porcelain or plastic, on these teeth.—GEORGE R. WARNER.

Dangerous Practice

Q.—What is your opinion regarding the use of procaine in a glass tube, partly for one patient and then laying the tube aside to use the rest of the procaine later on another patient?—U. B. J., Minnesota.

A.—We think the practice or idea of saving a partly used procaine glass tube to use on another patient unsound and even dangerous practice. How does one know that no blood or tissue fluids are withdrawn with the needle? It might not happen once in a thousand times but the possibility of its happening is enough to condemn the practice.—GEORGE R. WARNER.

DISEASES CAUSED BY FOCAL INFECTION INCREASE

IN THE last quarter of 1944 an upward trend was evident in several diseases frequently caused by focal infection, according to W. M. Gaffafer, Principal Statistician of the U. S. Public Health Service. Neuralgia, rheumatism, neuritis, diseases of the heart and arteries, sciatica, and nephritis, showed a greater rate from July to October, 1944 than for any period during the previous ten years.—*The Bulletin of the American Association of Public Health Dentists.*



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Through your expert instructions on proper care of the mouth, and through your recommendation of Py-co-pay Tooth Powder and Brush as helpful aids to clean teeth . . . healthy gums . . . fresh mouth

-YOUR PATIENT WILL BENEFIT!

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Laffodontia

A demure young lady walked slowly down the church aisle, clinging to the strong arm of her father. As she reached the platform before the altar, her dainty foot brushed a potted flower, upsetting it. She looked at the stilled church, then raised her large child-like eyes to the sedate face of the old minister: "Mister, that's a helluva place to put a lily!"

★

A new collegiate definition for "parent" is "the kin you love to touch."

★

Man: "A scientist says we ought to eat food that will develop the cranium."

Friend: "Well, I could suggest an appropriate menu."

Man: "What is it?"

Friend: "Noodle soup, head cheese and coconut pie."

★

Doctor: "What was the most you ever weighed?"

Patient: "154 pounds."

Doctor: "And what was the least you ever weighed?"

Patient: "Eight pounds."

★

A rich man in his years of toil
Burned barrels and barrels of midnight oil;

His son now keeps his memory green
By burning midnight gasoline.

★

Registrar: "Have you been married before, madam? And if so, to whom?"

Film Star: "What's the big idea? Memory test?"

The Pessimists: "Hello, girls, you wouldn't care to go with us, would you?"

The Optimists: "Hello, girls, you will go with us, won't you?"

The Sailors: "Hello, girls, where are we going?"

★

"Chief: "What would you do if your gun captain's head was blown off in battle?"

Seaman: "Nothing."

Chief: "Why?"

Seaman: "Because I'm the gun captain."

★

Tommy: "Mother, won't you let me go to the zoo to see the monkeys?"

Mother: "Why, precious, what an idea. Imagine wanting to go to see the monkeys when your Aunt Betsy is here."

★

Son: "Father, how do wars begin?"

Father: "Well, suppose America quarreled with England, and . . ."

Mother: "But England and America must not quarrel."

Father: "I know—but I'm taking a hypothetical instance."

Mother: "You are misleading the child."

Father: "No, I'm not . . ."

Mother: "Yes, you are . . ."

Father: "I tell you I am not! It's outrageous . . ."

Son: "All right, Dad. Don't get excited. I think I know how wars begin."



"MY PET PATIENT," says Dr. G. A. E., "is a Johnny Come Lately who always dashes in just as I've started working with another patient. Then there is an all-around glaring match with no looks barred.

"But this pet is intelligent about his teeth. When I said that only one dentifrice contains sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush, he said,

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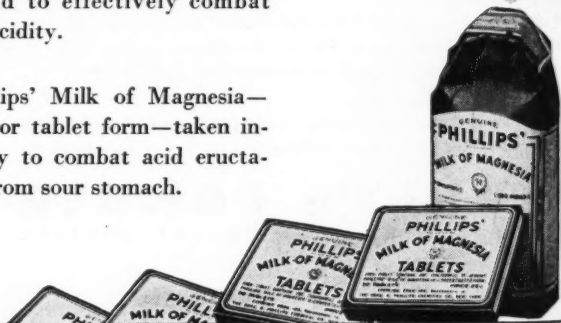
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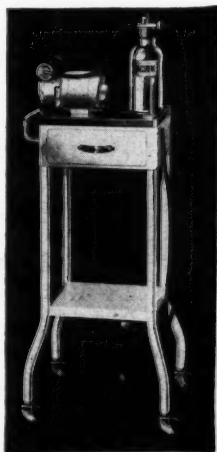
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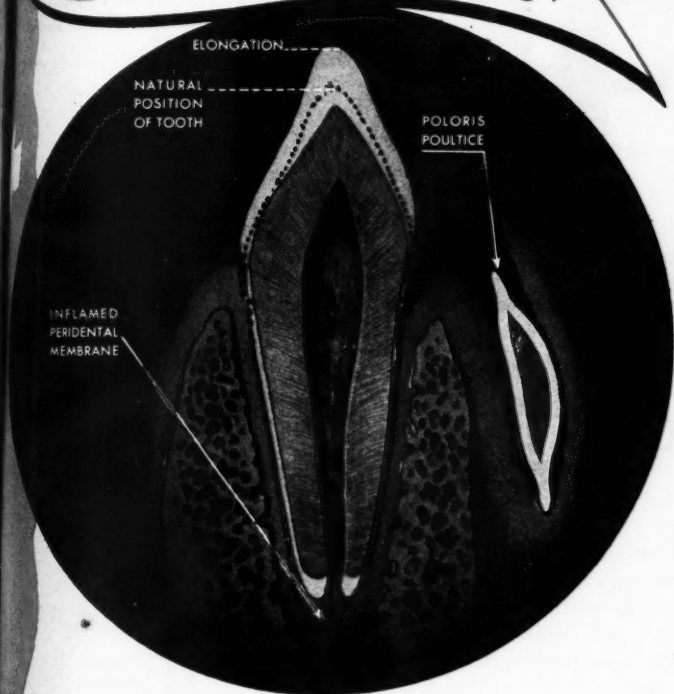
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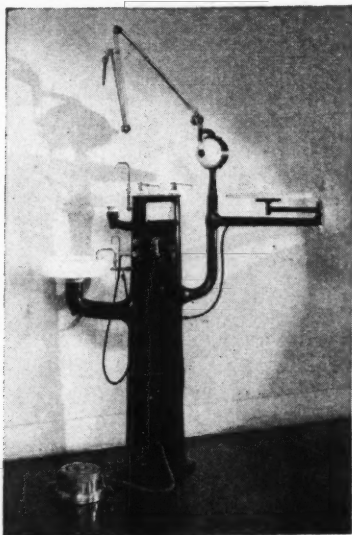


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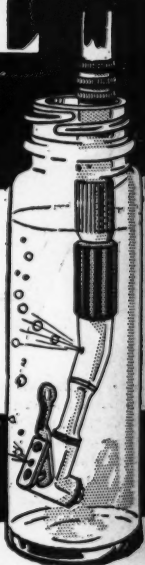
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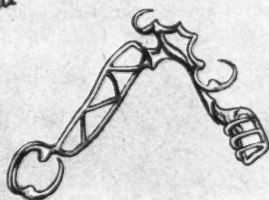
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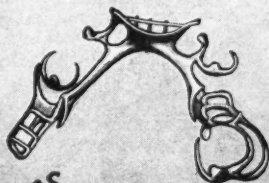
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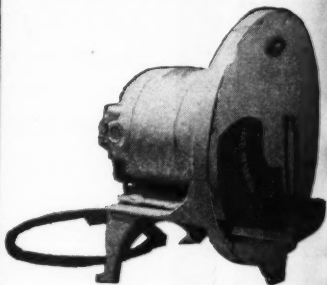
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as a guide
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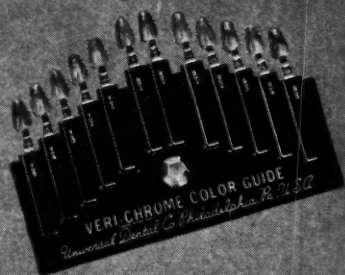
RESEARCH
 HAS SHOWN
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 SIMILARITY
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 PERSISTS
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 AND
 IS GOVERNED
 BY THE
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In recent years, geneticists have noted that "Family Traits" of teeth are inherited from one generation to another. A marked inheritance of labial characteristics, color, outline shape, arrangement and even caries-susceptible areas have been noted.

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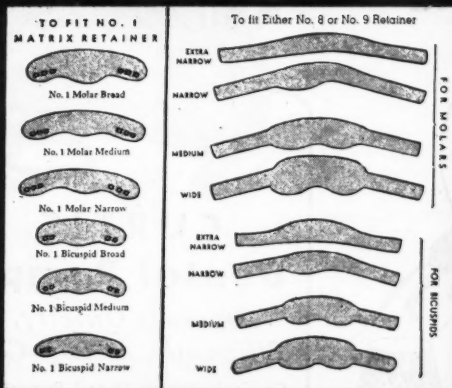
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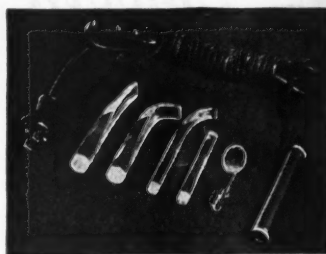
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Patients like these modern Bendick instruments. You save time and motion by using them. No heat, no danger of electric current, and they are unbreakable. Complete set, as shown, for AC or DC, at your dealer's for the new low price of only \$9.95.

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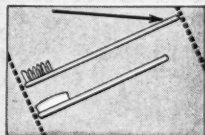
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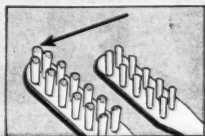
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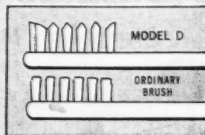
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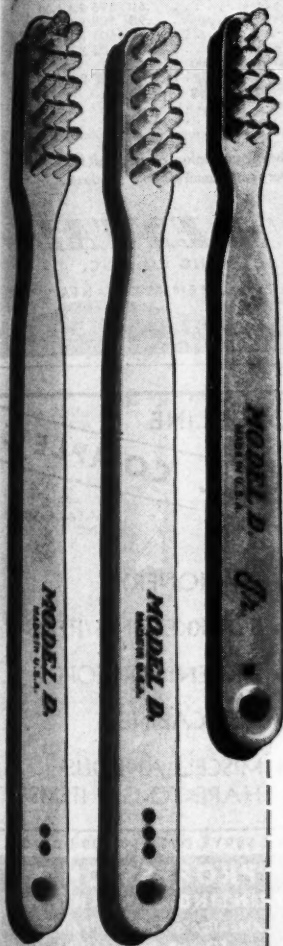
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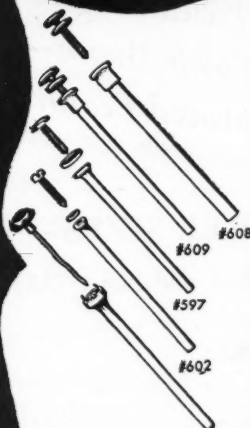
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Manufactured By
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*Controlled lip action,
without collapse of cup*



**PRECISION BUILT
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ANGLE HANDPIECE**
for exclusive use of
**DENTICATOR SPECIAL
PROPHYLACTIC POLISHER**

Cross section view reveals the four reinforcing ribs, which control lip action, without collapse of cup—an exclusive feature. Action picture above shows how lip does its work under the gum line.



Here's the Denticator Special Polisher in action with the Denticator Angle Handpiece which is scientifically made to receive it. Cleans and polishes under the free margin of gums, without injury. These companion products make for modern prophylaxis. Thousands of alert dentists rely on this thorough, dependable method of cleaning and polishing teeth—quickly, safely, economically. Sold at dental dealers everywhere.

Handpiece repair service is again available

Manufactured and guaranteed by
THE DENTICATOR CO.

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1. Call

BECAUSE

delicate and hard-to-replace instruments
deserve it...
and aseptic technic demands it...

BARD-PARKER FORMALDEHYDE GERMICIDE combines both requisite properties

First...

and most essential, this widely employed medium combines both germicidal and sporicidal potency: Unexcelled for use with precision steel instruments and keen cutting edges. Knife blades covered with a dried blood contamination of *Staph. aureus* are consistently disinfected within 2 minutes. Within 1 hour the spores of *B. anthracis*, and within 4 hours the spores of *C. welchii* are destroyed. Even the extremely resistant spores of *C. tetani* are killed within 18 hours. To insure the destruction of all forms of pathogenes, instruments should remain immersed in the Solution for at least 18 hours.

Secondly...

and of budget-conserving importance, the Solution is designed to safeguard the factory-new qualities of metal instruments, glass and heat treated rubber. It is non-injurious to keen cutting edges of surgical blades and scissor edges. Prolonged immersion will not result in rust or corrosive damage... a valuable aid in reducing replacement expense to a minimum.



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especially designed for small instruments, suture tube storage, suspended immersion of surgical blades, are recommended for convenient and practical use with the Solution.

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WHAT
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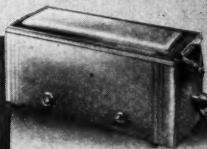
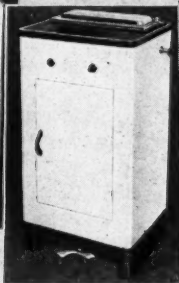
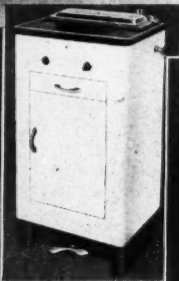
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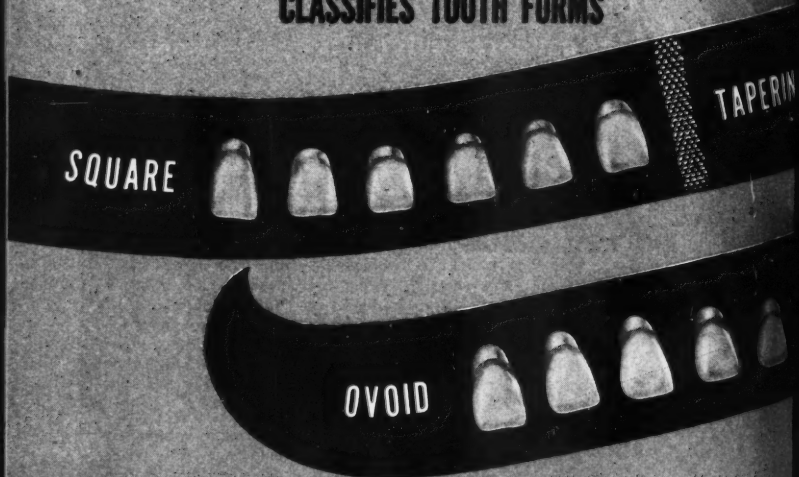
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The 21 forms of Trubyte New Hue Teeth are reproductions of the most frequently seen forms of natural teeth. That is why you can select a Trubyte New Hue form to harmonize with any face form, or to match the patient's natural teeth with such ease and fidelity.

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IS NOT MEDICATED
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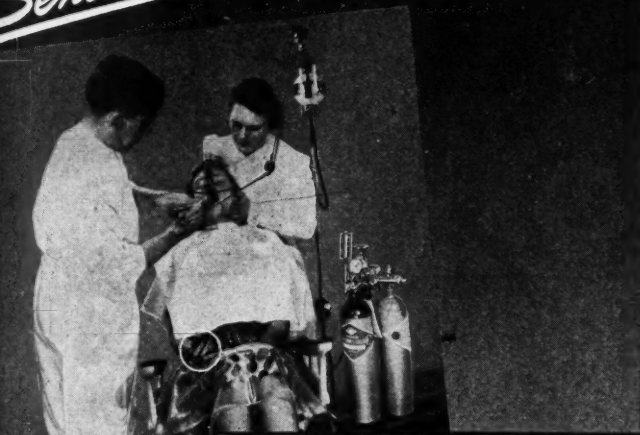
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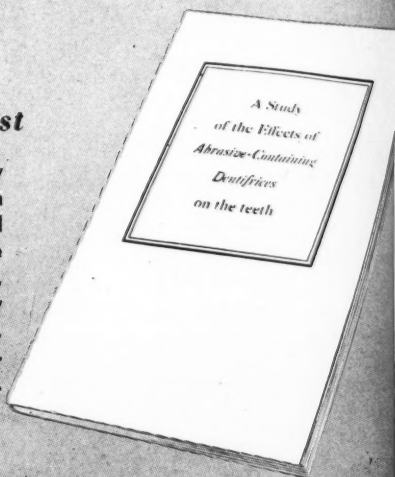
Further interesting studies show the effect of abrasive-containing dentifrices on the dentin exposed by such recession.

The most startling evidence is of deep notches, caused by daily brushing with abrasive-containing toothpastes and powders.

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caused by daily
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*Wright and Fenske, Jour. Amer. Dental Assn. (1937)
Ferrier, Jour. Amer. Dental Assn. (1933)

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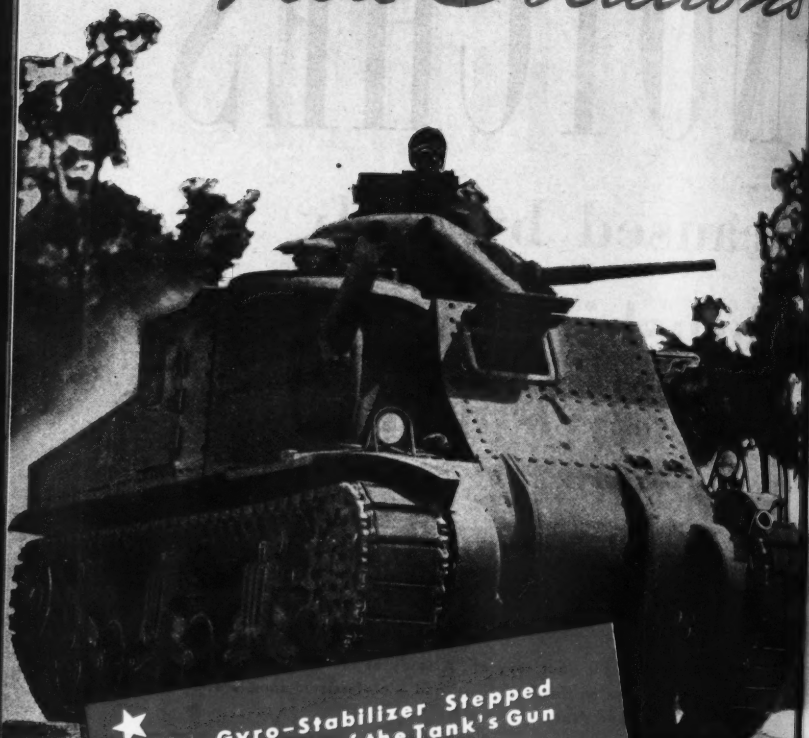
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DEPARTMENT OF DENTAL RESEARCH

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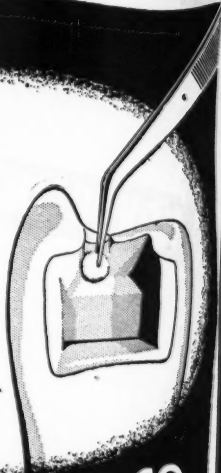
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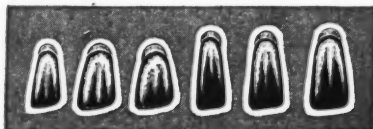
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3-B 4-C 5-C 3-C 4-D 5-D



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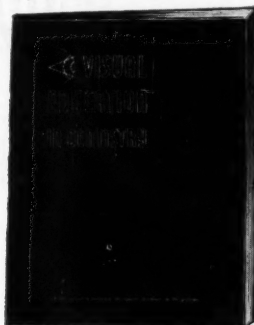


One big advantage of MaseL Gold Teeth is that they are made of extra thick gold. This makes it possible for you to remove, by polishing, any scratches which may occur while removing denture from flask.

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YOU CAN REPLACE
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- 1) Wax Pattern directly on stump.
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When the "man with the horn" is fitted with a new denture, it frequently happens that all the skill of modern dentistry can't insure unfailing retention of the dental place.

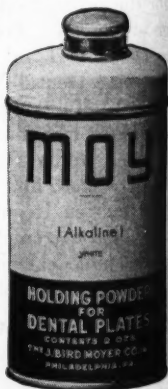
For patients who blow on wind instruments (one of the most difficult problems in denture-fitting)—*Moy is a necessity*. This fine, pure white powder creates a powerful, lasting suction that holds teeth in place even under unusual conditions. In fact, it's a good idea to recommend MOY to any of your denture patients who sing or speak in public. They, too, need the EXTRA assurance and freedom from worry which MOY provides.

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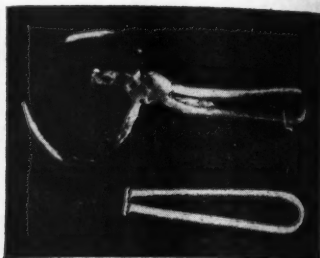


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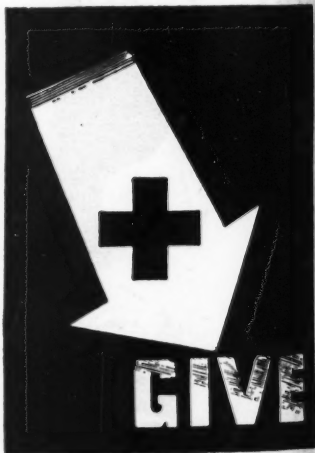
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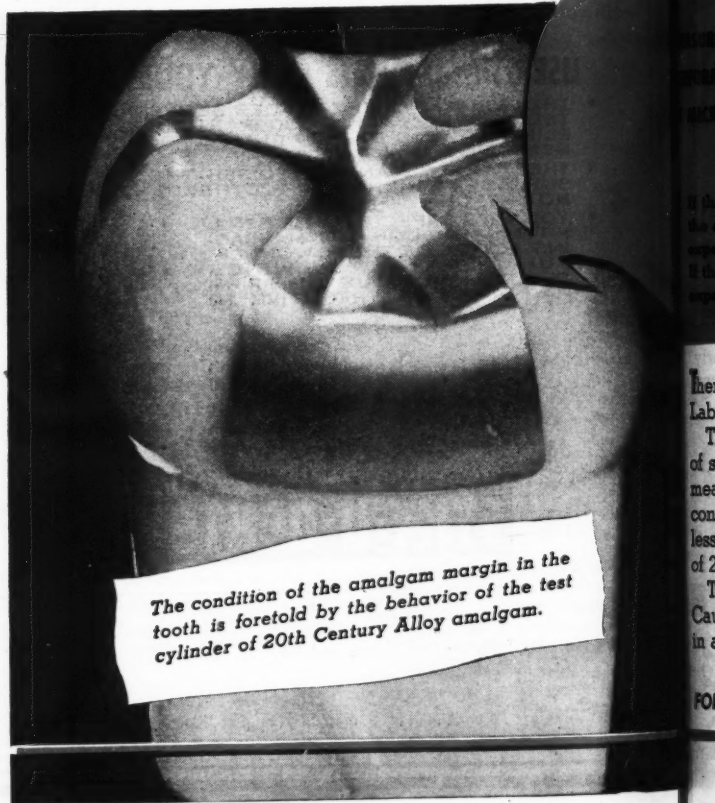
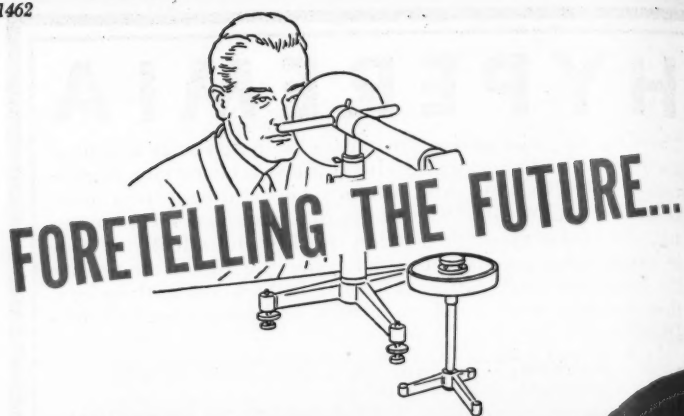
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20th CENTURY
TEST CYLINDER

If the test cylinder of amalgam shrinks too much, as shown by the angle of tilt of the crystal disc, a marginal ditch might be expected to result between the amalgam filling and the tooth. If the tilt of the crystal disc or optical flat, indicates excessive expansion, the opposite effect would be produced in the tooth.

There is a fortune teller's glass for scientists in the Caulk Laboratories. It is the *optical system* of the interferometer.

Through the tilt of its crystal disc, the volume change of standard test cylinders of 20th Century Amalgam is measured. So exacting are Caulk requirements, under controlled conditions, that the expansion must be not less than 6 microns nor more than 8, for each test batch of 20th Century Alloy.

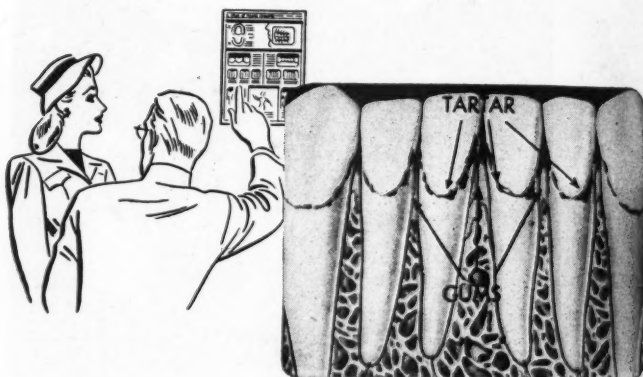
This is another evidence of the care exercised by Caulk to assure constant uniformity, and lasting quality, in amalgam restorations of 20th Century Alloy.

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MILFORD, DELAWARE

"Here's how Pyorrhea happens, Mrs. Jones!"



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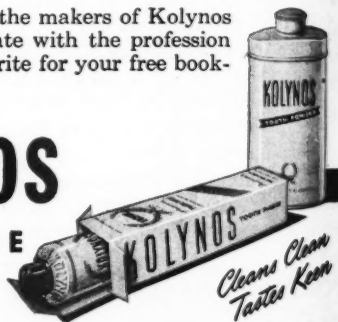
Many dentists feel that understanding on the part of the patient makes their job easier. These Kolynos rapid-explanation charts and Kolynos booklet, "The Teeth and Their Care," show the patient clearly the importance of seeing a dentist *often*, of *early instrumentation*, and the *danger of neglect*.

This is one of the many ways the makers of Kolynos Tooth Powder and Paste cooperate with the profession in a practical, helpful manner. Write for your free booklets and charts, today.

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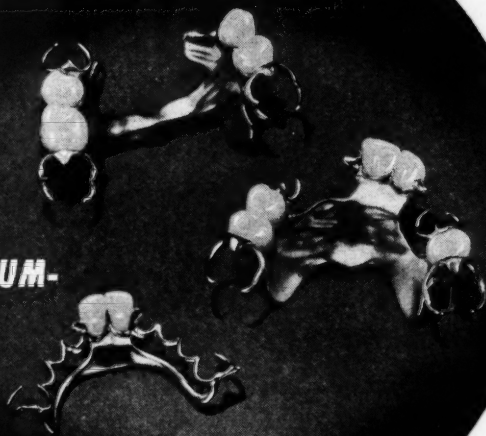
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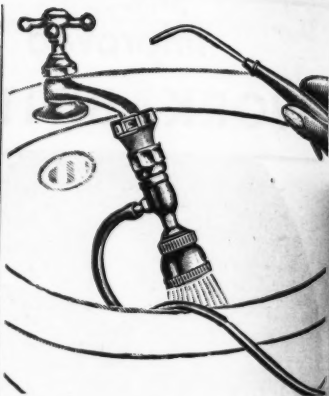
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This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

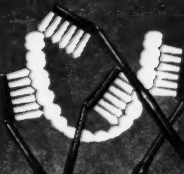
Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U. S. Government.

Complete with 8 to 10 feet of noncollapsible pure gum rubber tubing, price —\$16.50.

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THE HU-FRIEDY MFG. CO.
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**Devised by a dentist
for more thorough
cleansing**



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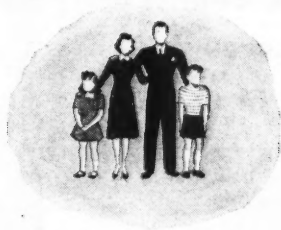
Unique angle design enables the user to reach exposed surfaces of all teeth more easily, more adequately.

Narrow shank permits easy manipulation of brush with lips almost closed, facial muscles relaxed.

Three rows of bristles, six tufts to row, provide for effective penetration between teeth during brushing operation.

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Journal A. M. A.,
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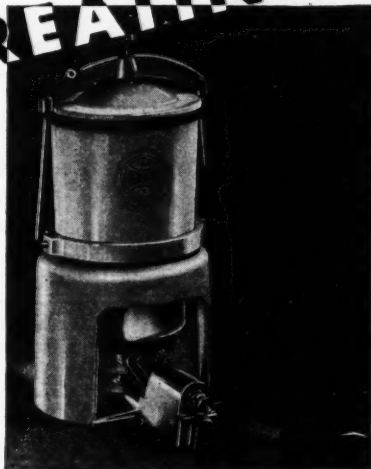


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Conveniently...inexpensively...the Hanau Acid Treating Unit ends the unhealthy, destructive annoyances of acid fumes. The unique design of this Hanau development provides effective means to neutralize and render harmless the damaging fumes of hydrochloric acid...it makes available for the entire day warm acid for

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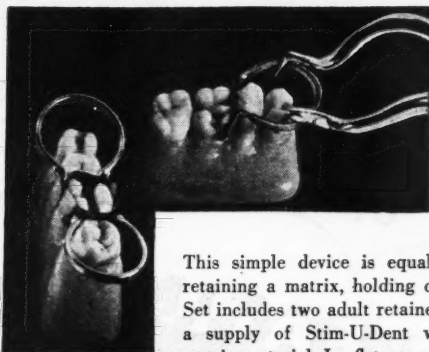
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(2 tools in 1!)**

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Price for complete set \$4.50; \$3.30 without matrix material; matrix material, 8 feet, \$1.40. Order from your local supply house.

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Tru-Chrome Alloys for Prosthetics

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NEW HEADS
installed on your
old (similar) Angles **\$3.95**
Each
SEND YOURS TODAY! AUGUST SPECIAL
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Complete stock of parts.
Skilled workmanship. Your old out-
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anteed service.

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\$2.00 per dwt.

**One INLAY GOLD for
Every TYPE OF INLAY**

Complies with
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GOLDS**
ESTABLISHED 1906

A Problem in Multiplication



$$\times 26,000,000 = ?$$

Take the case of John Smith, average American:

For over three years now, he's been buying War Bonds through the Payroll Savings Plan.

He's accumulating money.

Now suppose *everybody* in the Payroll Plan does what John Smith is doing. Suppose you multiply John Smith by 26 million.

What do you get?

Why—you get a whole country that's just like John Smith! A solid,

strong, healthy, prosperous America.

For a country *can't help* being, as a whole, just what its people are individually!

If enough John Smiths are sound—their country's *got* to be!

The kind of future that America will have—that you and your family will have—is in your hands.

Right now, you have a grip on a *wonderful* future. Don't let loose of it for a second.

Hang onto your War Bonds!

BUY ALL THE BONDS YOU CAN...

KEEP ALL THE BONDS YOU BUY

ORAL HYGIENE PUBLICATIONS

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ARTS

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GOLDS

ESTABLISHED 1900

POINTED RHYMES FOR TRYING TIMES

By Berton Bruley

*Here is wisdom by the peck
Versified to save your neck!*



DON'T BLOW IT

Oh, workman or scholar,
Hang on to your dollar
And do not spend it soon,
For every cent
Unwisely spent
Inflates the price balloon.

Bonds you buy with payroll earnings,
Help fulfill your future yearnings.

Money in your pocket,
Take it out and sock it
Into War Bonds, which
Help to make you rich.



WHO? ME?



There was a little dope with a fat
pay envelope
And she spent every cent that
was in it.
And she wondered, by-and-by,
why the prices rose so high,
But she didn't blame herself for
a minute.

INFLATIONARY MARY

Inflationary Mary spills
This silly kind of chatter:
"My little teeny-wee bills
And spendings do not matter.
"And if I cheat a little bit
On rationing and ceilings
The Nation's welfare isn't hit
By my small lawless dealings!"

Inflationary Mary's wrong,
For she'd be much to blame
If people in a mighty throng
Should say and do the same.

Small spendings, in the aggregate,
Reach sums extraordinary.
So let's not try to imitate
Inflationary Mary.

ADVERTISERS, PUBLISHERS—NOTE

You are welcome to use all or
any part of the material on this page to aid
the fight against inflation.



SNAKE IN THE GAS

There was a crooked man and he
lived in crooked style,
He dealt at crooked markets with a
smugly crooked smile.
He viewed himself as clever with
his crooked ration book,
But everybody knew him for a
crooked little crook.

THE GANG'S ALL HERE

You may ask, "Why should my spending
Cause inflationary trending
Though I squander every penny I have got?"
—If you're joined by sixty millions
Of civilians blowing billions,
You'll discover that it matters quite a lot!

ONE PERSON CAN START IT!

You give inflation a boost

—when you buy anything you can do without
—when you buy above ceiling or without giving
up stamps (Black Market!)
—when you ask more money for your services
than the goods you sell.

SAVE YOUR MONEY. Buy and
hold all the War Bonds you
can afford—to pay for the war
and protect your own future.
Keep up your insurance.

A United States War message prepared by the War Advertising
Council; approved by the Office of War Information; and dis-
tributed by this magazine in cooperation with the National
Publishers of America.

PRICES DOWN



YOU CAN'T OVERRATE
THE VALUE OF

CONTROL



Some patients have it (some patients don't) . . . and the exacting requirements of your profession make you exceptionally appreciative of every aspect of control.

You would be particularly impressed to observe the high degree of quality control exercised throughout the production of pharmaceuticals at U. D.'s modern equipped laboratories.

After exacting tests of raw materials, the application of a finely developed, correlated numbering system permanently identifies each distinct material, process and product. Formal charts record every recipe—its ingredients and the method for their combination.

Supplementing all earlier precautions, the Formula Control Committee—composed of doctors, chemists, pharmacists—checks all finished formulae for purity and potency.

Measures like these insure that in specifying U. D. preparations, you and your patients receive pharmaceuticals dependable for excellence. Paralleling this quality, your neighborhood Rexall Drug Store provides service that is outstanding for convenience, reliability and economy.

M131 Solution . . . Safe, fast-acting antiseptic solution which kills contacted mouth germs in 20 to 25 seconds.

M131 Tablets . . . Convenient tablet-form antiseptic, effective surface anesthetic.

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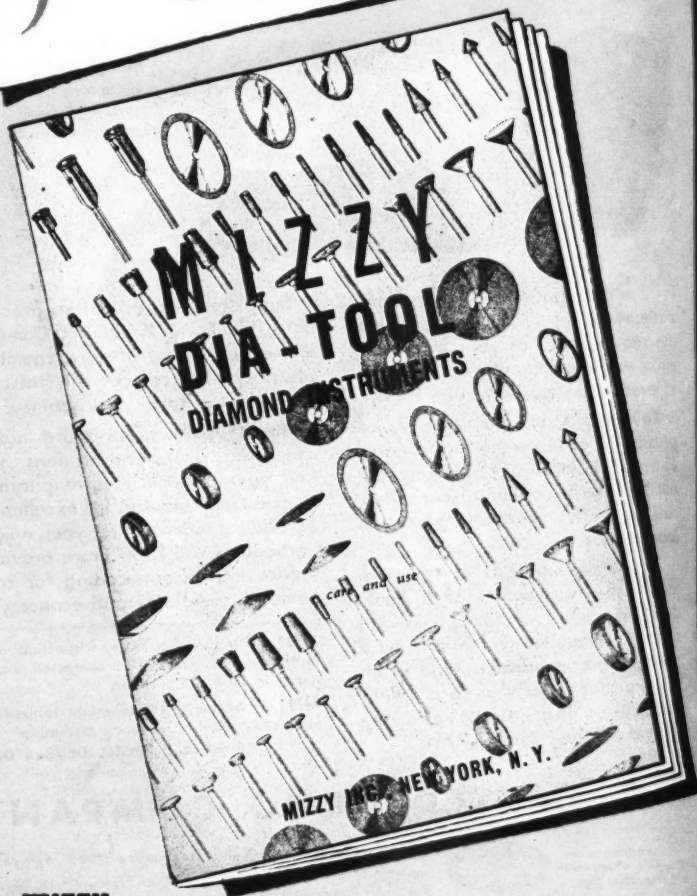
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the Point!*



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MIZZY DIA-TOOL DIAMOND INSTRUMENTS are manufactured in the United States, a product of years of experience and research. They are made in a variety of sixty-six shapes for all types of dental preparations.

B

MIZZY DIA-TOOL DIAMOND INSTRUMENTS are made from selected diamonds with natural sharp cutting edges, on precision shanks to fit hand and angle pieces.

C

MIZZY DIA-TOOL DIAMOND INSTRUMENTS are time savers. They are made for fast work without an excess of heat accumulation . . . thereby eliminating resulting pain.

For you who are interested in Diamond Instruments, we have prepared a sixteen page treatise. It contains good solid technical information on Jacket Crown and Cervical Cavity preparation, as well as the care and use of Diamond Instruments.

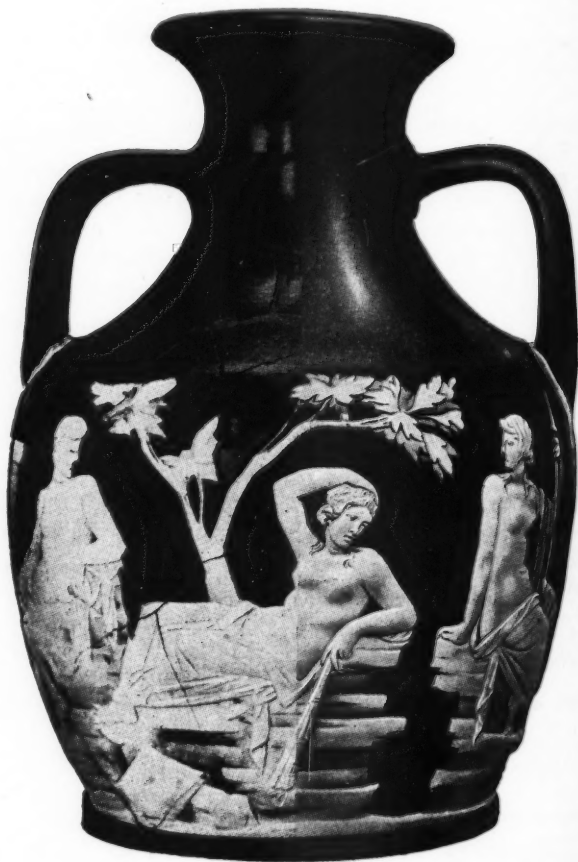
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There is a guarantee of performance in every MIZZY PRODUCT.

MIZZY, INC.**NEW YORK, N. Y.****MENTS**



Faithful



PORTLAND VASE

The left half of the above picture portrays the original vase. The right half represents its duplication.

Great

For
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Dr. M
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TRUE

ful Duplications

Dr. Myerson's True-Blend Teeth bring you means
of making restorations that are enduring masterpieces.

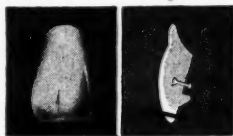
They defy detection and they are stronger, too.

Greater Naturalness

For many centuries the faithful duplication of natural teeth defied the most painstaking efforts. Dr. Myerson solved this long standing problem and produced the first artificial teeth that were indistinguishable from natural teeth. Thanks to his discovery, skilled dentists can make dentures that are enduring masterpieces of restorative art. For Dr. Myerson's True-Blend are not only more natural—they are stronger, too.

Light-Transmission Does It

The transparent enamel of Dr. Myerson's True-Blend is the secret of their remarkable duplication of natural teeth. By reduced light reflection from the body of the tooth and by light transmission at the incisal part of the tooth, the shadowy incisal areas and life-like appearance are obtained. For best results in complete and partial dentures, use Myerson's True-Kusp Posteriors with True-Blend Anteriors.



Dr. Myerson's

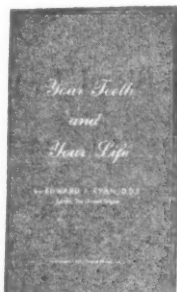
TRUE-BLEND ANTERIORS

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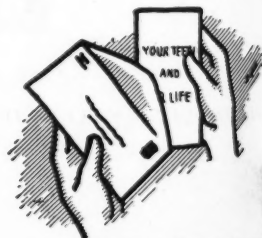
***can use this ethical pamphlet in
patient-education programs***

We have enthusiastic comments from hundreds of users of the pamphlet **YOUR TEETH AND YOUR LIFE** but here is one from a practitioner who has been using the material for some time: "I am enclosing check for \$9.00 for 300 copies of Your Teeth and Your Life. I surely hope you have some left as I have been selling a lot of dentistry with this material which I have been using for some years."

Some of the suggested uses for **YOUR TEETH AND YOUR LIFE** are illustrated below. There are other uses such as



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MR. R. C. KETTERER

PITTSBURGH 22, PA.

distribution to Parent-Teacher groups and enclosure with patient recall cards. These are the main avenues of distribution of this ethical, educational pamphlet.

The pamphlet is illustrated with ten charts printed in two colors which tell the essential story of the value of proper dental care and the dangers of neglect. This is the third reprinting . . . over 200,000 copies have been distributed to date.

We feel that you will want to use this material in your patient-education program once you see it and realize its possibilities. Why not order a trial quantity of 25, *the cost of which is only \$1.00.*

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 of Your Teeth and Your Life.

Dr.

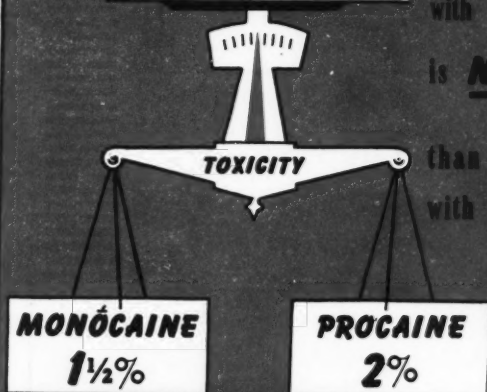
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LOSURE

PROOF..



(that) **MONOCAINE 1 1/2%**
with **EPINEPHRINE 1:100,000**
is **NO MORE TOXIC**
than **PROCAINE 2%**
with **EPINEPHRINE 1:50,000**

Taking Procaine as 1, the ratio of the toxicity of Monocaine in comparison to procaine is as follows:

	Monocaine	Procaine
White mice Subcutaneously	1	1
Rabbits Intravenously	1.5	1

Journal of Pharmacology and Experimental Therapeutics, January, 1938

	Monocaine	Procaine
Cat Intravenously	0.86	1
White Mouse Subcutaneously	0.76	1
White Mouse Intraperitoneally	0.61	1
White Rat Intravenously	1.36	1
White Rat Intraperitoneally	1.48	1
White Mouse Intravenously	1.32	1

This excerpt is from Journal of Anesthesiology, May and July, 1942

SUMMARY
Gram for Gram Toxicity
Monocaine 1.11 Procaine 1.
Therefore, Monocaine 1 1/2%
(Clinical concentration) is equal
in toxicity to procaine 1.67%.

**BLACKOUT PAIN
WITH MONOCAINE**



NOVOCOL CHEMICAL MFG. CO., INC.
2911-23 Atlantic Ave., Brooklyn 7, N.Y.



that MONOCAINE is MORE POTENT than PROCAINE

Corneal Anesthesia in the Rabbit's Eye

	Anesthesia Duration in minutes (1%)	Minimum Effective conc. for 10 mins.	Relative Efficiency
Procaine	no anesthesia	3%	1
Monocaine	25 minutes	3/4%	4

Anesthesiology, Nov. 1942

Relative Efficiency On the Skin and Sciatic Nerve Block In the Frog

	Solution to produce anesthesia of skin in 20 minutes	Relative Efficiency	Solution to produce nerve block in 20 minutes	Relative Efficiency
Procaine	1%	1	1/4%	1
Monocaine	1/4%	4	1/16%	4

Journal of Pharmacology and Experimental Therapeutics, Jan. 1938

CONCLUSIONS

Monocaine 1 1/2% is equal in potency to at least 4% Procaine, but is of approximately the same safety as a 2% Procaine solution.

Monocaine 1 1/2% with Epinephrine 1:100,000 will produce profound and safe anesthesia in all surgical procedures, in cavity preparation, grinding, pulp extirpation, etc.

MONOCAINE 1 1/2%
EPINEPHRINE 1:100,000

PROCAINE 4%
EPINEPHRINE 1:50,000

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POTENCY

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TECHNICIANS WANTED: Tennessee laboratory needs gold and vitallium technicians. Also denture technicians. Must be sober and efficient. Write full information in first letter giving age, salary expected, and experience. "IE" Oral Hygiene, Pittsburgh, Pa.

WANTED: Experienced dental assistant, west side Chicago office; open evenings. To steady competent girl, \$35 to start. "HD" Oral Hygiene, Pittsburgh, Pa.

EASTERN LABORATORY desires all-around cast man, precious metals only. Top salary. Permanent. Write giving particulars to "DL" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED to associate with long established and successful practice in critical war area. Address M. E. Lederer, 2595 Clay Street, Apartment 3, San Francisco, Calif.

FOR SALE: Due to death, established practice with equipment. Good location in fine small city in southeastern Nebraska. For further information write Mrs. C. N. Allison, Falls City, Nebr.

FOR SALE: Cincinnati suburban dental office on lease arrangement; established ethical office. Reason: other interests. "Y" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Completely equipped dental office and practice in town of six thousand in Mississippi. Established thirty years. Splendid opportunity. "PD" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Texas license. Competent man; must be sober and reliable; two hundred dollars weekly salary, permanent position. "T" Oral Hygiene, Pittsburgh, Pa.

WANTED: To buy dental practice; one in the big money brackets, doing mostly extractions and plate work; or will consider partnership. Prefer northern Ohio cities. "EE" Oral Hygiene, Pittsburgh, Pa.

GRADUATES! Save money buying good used dental chair, handsome instrument cabinet, sterilizer and stand. To buyer, free cuspidor, table-lamp unit and instruments. H. Magill, 45 Palmer, St. Augustine, Fla.

FOR SALE: Illinois two-chair ethical dental office, forty miles from St. Louis, Mo. Well-kept books indicate over \$9,000 for 1945. Office hours 9 to 3, well-equipped. New Weber wall type x-ray. Smart assistant can finish denture from impression. Price \$3500. Small down payment to right party. "O" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist with Oklahoma license for good established practice. Good salary. Write to "M" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to death, fully equipped two chair dental office; rent privileges, location Edwardsville, Ill., population eight thousand. Well established practice with excellent opportunity. Priced reasonably. Mrs. O. R. Keenan, 204 E. Park Street, Edwardsville, Ill.

DENTIST WANTED: A capable dentist registered in New York state under fifty years. Must have good character and good personality. State age and salary. "F" Oral Hygiene, Pittsburgh, Pa.

POSITION WANTED: By all-around dental technician in ethical dental office. Married, steady and reliable; have had thirty years' experience in dental office. Can furnish A-1 references. "DT" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED with New York state license. Capable of taking good impressions and bites. State age. "G" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE? Why not also use the classified columns of the Dental Students' Magazine? National circulation, 10,300 monthly. This includes over 5,000 recent dental graduates (U.S.A. and overseas), balance: upper-class students who will be graduating at various periods within the next eighteen months. Rates, \$2.50 for 50 words or less, 10c per word additional; check with order. Write Dental Students' Magazine, 605 N. Michigan Avenue, Chicago 11, Illinois.

FOR SALE: Well-established practice in Sioux Falls, South Dak. All latest equipment, good location, moderate rent, large territory. Wonderful opportunity. Invoice of equipment only. "A" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dental hygienist. One man business, district practice New Orleans, La. Board examination in near future; salary guarantee and commission possible \$350-\$375 per month; air-conditioned office; pleasant congenial surroundings. Prospective employer willing to travel for interview. "R" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in orthodontia and for pedodontia. Must be licensed in District of Columbia. Box 48, Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in gold inlays and plastic fillings. Must be licensed in District of Columbia. Box 87, Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Fully equipped dental office and practice in northeastern Ohio town of twenty-five hundred. Office and living apartment same floor. Rent \$25 monthly. Retiring on account of age. "HG" Oral Hygiene, Pittsburgh, Pa.

Swedish business man dealing in dental accessories seeks connection with American dental firm wishing to introduce their products through an agency in Scandinavia. Advertiser recognized expert in dental materials. Good sales possibilities for first-class articles. Reply to "Acrylic resin, artificial teeth, etc." care of Gumaelius Advertising Agency, Stockholm, Sweden.

TECHNICIAN-MANAGER: First-class man for set-up dentures, crowns, bridges, and casting; all-around technician. Must have fine background to take charge of branch laboratory on commission basis with contract guarantees not less than \$300 monthly with all possibility to make more. Your business will be to please the dentists. General bookkeeping handled at main office. Sholl Dental Laboratory, P. O. Box 1206, Houston, Texas.

WANTED: Plate finisher for branch laboratory and a first-class set-up man for main laboratory. Give full particulars air mail in first letter. Apply to Sholl Dental Laboratory, P. O. Box 1206, Houston, Texas.

DENTIST WANTED: Ohio license for partnership in well-established two-chair office. High grade clientele; city of fifty-five thousand. Cash business. No down payment. "EA" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Indiana license; competent man. All-around operator. Good salary. Permanent. Write or wire collect Dr. F. M. Hickman, 301 Roosevelt Bldg., Indianapolis, Ind.

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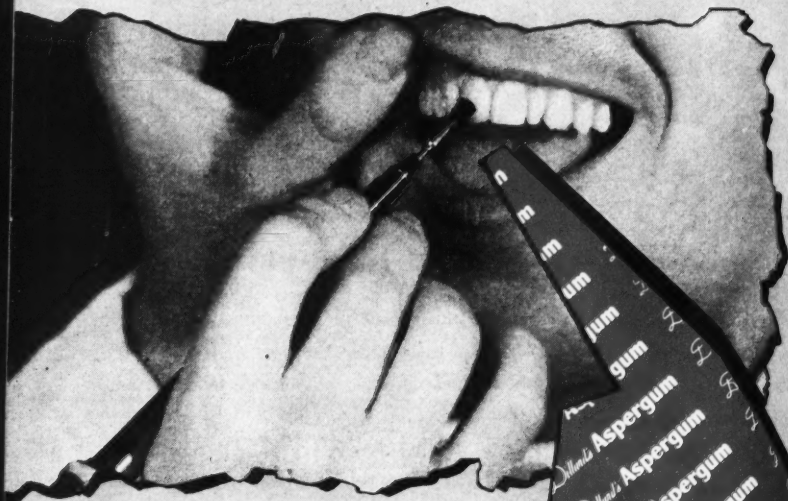


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Chewing Aspergum releases a soothing flow of aspirin-laden saliva, which effectively bathes the entire oral area. The gentle muscular action involved also helps prevent local spasticity and stiffness. Thus discomfort is lessened—an extra thoughtfulness your patients will appreciate.

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*Ends Your Hot Weather
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- ★ Allows up to 30 seconds to complete the mix.
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- ★ Mixed paste is of a beautiful smooth, thin, creamy consistency.
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**NO COST
OR RISK
TO YOU**

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AIR CURES IN FOUR HOURS

*For Denture Fractures And
Teeth Replacements*

- ★ Repair job takes only 2 minutes time . . . air-curing does the rest.
- ★ After only 4 hours, the repaired denture is ready to be placed in patient's mouth.
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- ★ Low in cost to you. Tube containing enough material for 30 to 40 cases, only \$3.50 . . . or approximately 10c per repair.

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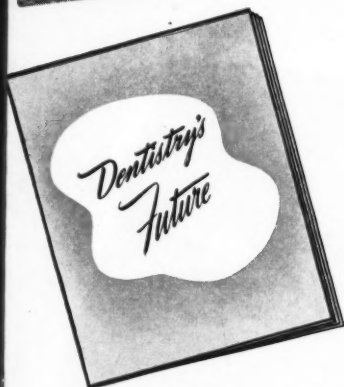
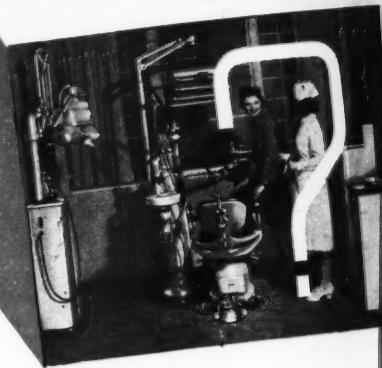
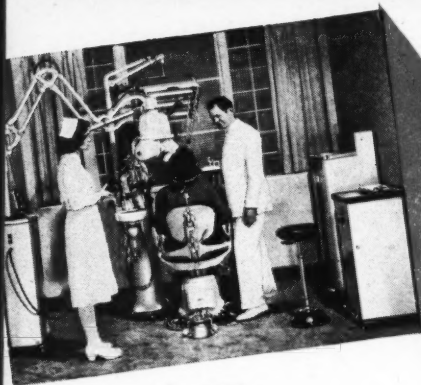
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Only with Trubyte New Hue Teeth
can you give your restoration
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Reg. U. S. Pat. Off.

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WITH VITALON

Fit and comfort are assured when STANDARDLITE dentures are prescribed. They are processed from VITALON by Standard's experienced technicians whose precise techniques and long training have given them a country-wide reputation.

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VITALLIUM Laboratories throughout the world are one big family — each is independent, yet they are a unit in several respects. They all have a single, undeviating purpose: to serve the profession exceptionally well. From time to time, they pool their technical knowledge of improved techniques and materials. Special skills, efficiencies and economies are an open book in the common interests of all member laboratories in the group. And, in the background, supplementing and strengthening the service of each laboratory, are

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PROFESSIONAL TOWELS

DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

CHECK THE ADVANTAGES

OF J & J

PROFESSIONAL TOWELS

✓ **ECONOMICAL -**
no laundry costs, no expense of
buying cloth towels.

✓ **TIME SAVING -**
always ready, no waiting for
laundry delivery.

✓ **SANITARY -**
each patient receives a brand
new towel.

✓ **SOFT -**
made principally of absorbent
faced cotton with water-repel-
lent backing.

✓ **DISPOSABLE -**
no laundry bother.

✓ **VARIED USES -**
as a napkin, or wipe, to clean
and polish equipment and in-
struments. For patients to take
home after extractions.

SIZE:

19" x 14", folded to 5" x 7"



The Publisher's Corner

By Mass

Number 291

LEBENSRAUM

"DON'T FENCE ME IN!" this department has been squealing for quite a while. This month, the thin black fence has been rubbed out, and hereafter this nook will be a page or so bigger. Originally, beginning not long after the first CORNER appeared twenty-four years ago, it was a four-page job. Along came the depression and the space shrank to two pages, as part of a paper-saving program (no dough for paper). Two pages got to be a habit; then the notion to spread out again collided with paper-rationing. Now, paper-rationing is easing up, so it seems to be a good idea to backtrack to the format of Coolidge days, permitting a little more verbose cogitating, and the printing of an occasional picture. Often a picture would have bolstered up the text; but there was no room for it.

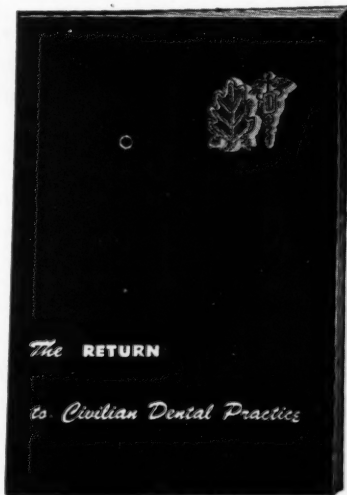
Writing for rigidly fenced-in space is like touring in a dead-end street, or riding a motorcycle in one of those wooden bowls. You are always conscious that you've got to pull up short in a split-second, or crack your noggin. Your subconscious lets loose what seems a fancy idea, but there's no room to exploit it. Having a few inches more space should quell that qualm. Now there's more living space, more *lebensraum*.

One of the other bad things about fenced-in space was that it prevented passing along an occasional squib that might otherwise have been added to the main spiel.

For example, this letter that just came in from John Bennett

of Charleston, South Carolina. Mr. Bennett's "But, yet . . . he made a thousand friends. Yes; and, by God! he kept them" was quoted in the July CORNER about Dr. Earle Craig, newly elected president of the Pennsylvania State Dental Society. The author was referred to as "John Bennett (whoever he is or was)." It turns out that John *is*—not *was*. Somehow he got hold of a copy of July ORAL HYGIENE, spotted the quote, and wrote about it. Originally, he said, it was part of some verses of his entitled "I Want an Epitaph," published eighteen long years ago in the *Saturday Review of Literature*. The CORNER's suggestion that he might be bedded down under an epitaph himself "greatly amused" the poet.

Another squib, that has begged to be printed here, is part of a letter from a Dental Corps captain; it came in early last spring. The captain had heard about ORAL HYGIENE's booklet, "The Return to Civilian Dental Practice." Wistfully, he wrote to us: "If I had it now, I would be reading it in a snowbound village, while across the dull white fields, white-camouflaged cannon split the air with their booms! and crashes! But, knowing the mails as I do, I shall probably be reading it during the lovely French springtime." Incidentally, more than 5,000 free copies of this 40-page booklet have been distributed to as many Dental Corps members who have returned—or hope to—and a new edition has been printed. Ten dental writers contributed material which should help returning dentists get



their practices going again. CORNER-customers who know anyone who might like to have a copy should send along his name and address.

Clearinghouse for Dental Corps Veterans

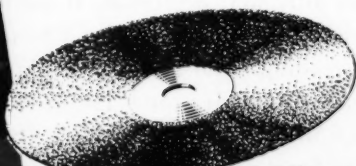
Publishing the booklet has suggested another idea: that the magazine might try to help returning veterans find positions with other dentists, or locations for themselves. There's no telling how many—or how few—will want this help. To the extent that space allows (using some of the CORNER's new *lebensraum* if necessary) ORAL HYGIENE will print free want ads. Whether or not there's a space problem, this office will undertake to serve as a clearinghouse for veterans, and dentists who may wish to engage them. To get this thing started: anyone interested should write to the CORNER.

Cozy Controversy

Speaking of writing to the CORNER, dentists across the country wrote to complain about the piece on "Psychic Cyanide" in the April issue. That is, one dentist wrote from the East Coast, one from the West. Both are good friends—one a very old friend. Neither refrains from praise when he feels that the occasion warrants it. But both thought "Psychic Cyanide" was nuts, and said so. You likely don't remember it now, but it was about "one's real attitude" toward others—about it being "too easy to be polite, and superficially gracious, while nursing contempt and scorn within." This concealed mental attitude was labeled "psychic cyanide," and described as "the poison we distill in our hidden thinking as a drug to deaden clear realization of our own shortcomings—heedless of the truth that we are ourselves the chief victims of our own unkindness." The writing was based on a talk with another good friend whose counsel was, "You must make excuses for everyone but yourself. Give

An Announcement

EXTRAORDINARY INTEREST TO THE PROFESSION



DIAMOND INSTRUMENTS

Blu-White

Cut **FASTER-
LAST LONGER.**

MADE BY THE OETTERMANN PROCESS

Because DENSICO Handpieces have revolutionized cavity preparation in thousands of dental offices and are the standard requirement in the majority of dental colleges; we take pride in announcing our appointment as sole distributor of the equally efficient Blu-White Diamond Instruments, made by The Blu-White Diamond Instrument Company of Los Angeles. The combination of DENSICO and BLU-WHITE, each supreme in its own field, will result in cutting speed, accuracy, comfort of the patient and economy of operation never before attainable.



Available in straight
handpiece, latch type
and taper type shanks

**Ask Your Salesman
For Literature**



The **DENTAL SPECIALTY MFG. Co.**
BOX 420 - DENVER - COLO.

the other fellow the benefit of the doubt," rather than giving yourself "the boon of this tempting drug."

Both boys said, in effect, that your correspondent was guilty of untidy thinking, and that it's all right to be mad at people who jolly well deserve it. It got to be a real cozy controversy which each of us enjoyed. I was advised to tidy up my thinking by reading some books—Sir Martin Conway's "The Crowd in Peace and War," and Thomas Henry Huxley's essays, along with Mark Twain's "Mysterious Stranger" and Thomas Hardy's "De Tenebris." John Drinkwater's "Give me immoderate men" was quoted, so was Spencer's "To save fools the results of their follies is to people the world with fools." But Heine's "The ultimate wisdom is a laugh" was quoted and unquoted, too, by one of the chums with "the hope that we hand each other one now and again." That's the way all this cross-country stompin' on the typewriter keys wound up. Nobody convinced anybody. This point of the transcontinental triangle decided to continue trying to keep from reaching for a swig from the psychic cyanide jug—which isn't easy, reader dear, as you may have discovered.

The "Snafu" piece in March brought a letter from a Rochester, New York, dentist—not about snafu, but about the CORNER's fenced-in format. This friend warned, "Now don't get 240 mg. on the sphygmomanometer until you have read me through." Rereading his letter just now, it begins to look as though this needling may be what is really responsible for tearing down the fence. "Take the border off," he said, "I don't want you shouting at me over a partitioned wall to 'Come on in!'—get the stuff out in the open where it can be seen. It's all chopped up among the ads now."

Well, here you are, mister, and the sphygmomanometer didn't boil over. Time will tell whether it would have been smarter to stay cooped up.

Why DEE IS THE BEST KNOWN NAME IN GOLD

Because it stands for an institution dedicated to the service of the Dental Profession.

Because every Dee Gold formula is the result of patient research and scientific compounding.

Because Dee has kept pace with developments in Dentistry . . . understanding, anticipating, and assisting by perfecting materials to solve the day-to-day problems of the Profession.

Because Dee has made available a gold alloy of established reputation to meet the price and physical requirements of every patient.

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DOWNTOWN OLD GOLD

AND SALES OFFICE

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DR HAROLD SMITH



Alkalinity Help

DENTURE PATIENTS DON'T COME BACK

A recent survey shows that only 33.2% of all denture wearers ever find their way back to a dental office. Apparently, when normal resorption occurs patients do not realize that this condition demands their dentists' assistance.

Many dentists believe that adequate instruction at the chair will eventually correct this attitude. In the belief that pictures speak stronger than words the brochure "Denture Closeups" was developed. It describes graphically the story of tissue resorption and "when mouth tissues change—see your dentist."

Write for your free copy of "Denture Closeups" today.

FASTEETH

Clark-Cleveland, Inc.

OH-5

Binghamton, N. Y.

Gentlemen:

Please send copy of "Denture Closeups."

Dr.

.....

.....

ity Helps



Costlier To

V-Day for the Doctor!



● "Good-bye, Doc—and many thanks for everything!"

Yes, that's V-Day for the service doctor ... victory in his war to *save* lives.

And doctor that he is—soldier too—he well knows how much a "smoke" can mean to a fighting man. He himself may find that

same comfort and cheer in a few moments with a good cigarette. Very likely it's a Camel—for Camels are such a big favorite with fighting men—in O. D., in blue, and in *white*.



R. J. Reynolds Tobacco Company
Winston-Salem, N. C.

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WILLIAMS

tru-fit clasps

Soft annealed and ready for adapting, Williams *Tru-Fit* Clasps are uniquely contoured to assure perfect fit with a minimum of manipulation. Made in one piece of hard, springy, high quality gold alloy—no soldered joints to break. Two styles: for posteriors (shown above) and without the rest for anteriors. Three sizes of each, right and lefts, to fit any tooth. Stocked by your dealer.



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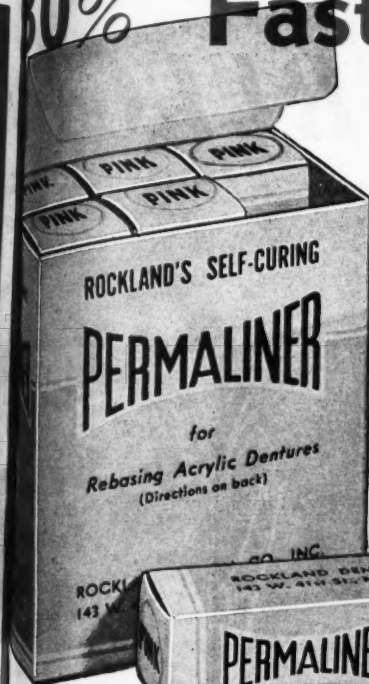
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The Perfect
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In emergencies you can reline an acrylic denture with Permaliner and dismiss the patient in 30 minutes.

For a truly professional service:
1—Have patient reduce congested tissues with mild astringents for 72 hours prior to rebasing, to restore normal tone; 2—Clean denture thoroughly; 3—Apply Permaliner; 4—Try in mouth; 5—When denture seats perfectly, remove and let cure at room temperature 24 hours. Deliver next day.

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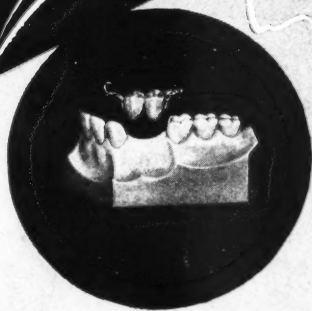
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ACRALAIN restorations are dense, hard and long-lasting. Detailed information on economical ACRALAIN units will be sent on request.

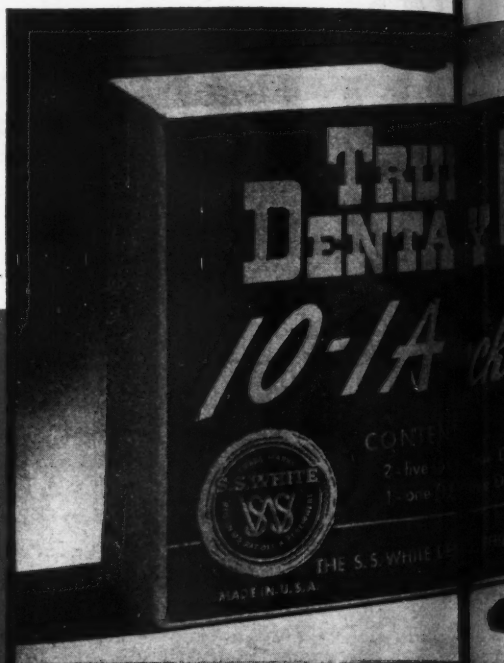
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1 1-oz. Bottle True Dentalloy } Fillings

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TAPER SHANK BURS

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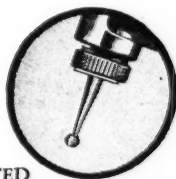


**BUR LOOSE
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Wobbles and vibrates; re-
quires extra pressure to keep
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The more pressure, the more
vibration, heat and discom-
fort—and the more wear on
bur and barrel.

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**BUR SEATED
FIRMLY**



Automatically centered; all
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therefore cuts truer, faster
and cooler with *light* pressure.

TRUBRIDGE *New Hue* TUBE POSTERIOR

BLUNT RIDGE LAP

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FULLY FORMED RIDGE LAP

3 Ridge-Laps

The three types make it possible to select teeth which will fit any ridge with little or no alteration.

TYPE I



TYPE II



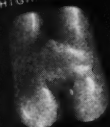
TYPE III



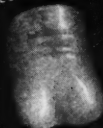
3 Occlusal Surfaces

The occlusal surfaces are anatomically carved. The essential difference between the three types is in the depth of bite, to simplify articulation with opposing natural or artificial teeth.

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Each is artistically designed to simulate natural teeth. In the long moulds this is accomplished in one type by long necks, simulating exposed roots; in another by harmoniously proportioning the face and collar to the length. The third type is confined to relatively short moulds.

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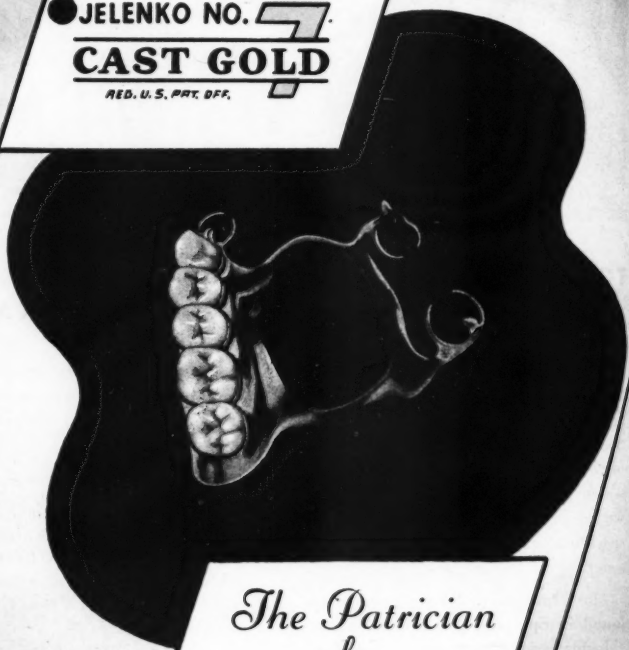
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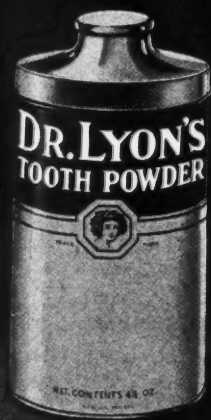


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